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AND THE

COMMUNITY.

BY WORTHINGTON HOOKER, M.D.

I here present thee with a hive of bees, laden some with wax, and some with honey. Fear not to approach. There are no wasps, there are no hornets here. If some wanton bee should chance to buzz about thine ears, stand thy ground and hold thy hands; there's none will sting if thou strike not first. If any do, she hath honey in her bag will cure thee too. QUARLES.

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PREFACE.

A FEW words may be proper in explanation of the objects for which this book was written.

The forms which quackery assumes are endless; but the material out of which they are evolved is essentially the same in all ages and in all countries. There are certain medical errors which are common to man everywhere and in every condition. It is these which constitute the material of quackery, whether it appear among the savage or the civilized, the rude or the refined, the illiterate or the learned. One object of this book is to develop these fundamental errors, and to show the *modus operandi* by which the genius of imposture has produced from them the fantastic and ever-changing shapes of empiricism.* I notice particularly some of the specific forms of quackery which are now prevalent, not because they differ essentially from those which have preceded them, but because they have a *present* interest to the reader.

* It will be obvious to the reader that I use this word, wherever it appears, in its *popular* sense, and not in its professional one. I use it as synonymous with quackery.

One of the objects at which I aim is to expose to the public the fallacy of those sources of evidence, upon which they rely in estimating the comparative merits of physicians, and to show them what tests they have at command, which will not prove fallacious. The proper use of these tests would save the public from mistaking, as they now often do, the plausible pretensions of the superficial practitioner, and the charlatan, for the evidences of real skill and wisdom.

Another object will be to present the claims of the medical profession to the respect and the confidence of the community. As it now is, the profession stands in a somewhat false position before the public. The grounds upon which we ask their regard and trust are not generally understood. The confidence which is reposed in us is not as intelligent as it should be. It is unsettled and capricious. It is overweening at one time, and it is entirely withheld at another, and for the most frivolous reasons. The inconsistencies of even the well informed on this subject are surprising. Many, who on some occasions confide implicitly in nothing but educated science, are found at other times submitting themselves and their families to the haphazard administrations of empiricism.

But while I attempt to establish the claims of the medical profession to the confidence of the people, and to defend it against the aspersions which are unjustly cast upon it, I endeavor to exhibit faithfully the abuses which exist in the profession itself. The quackery which is practised among medical men

is a much greater evil than that which is abroad in the community. I attack it therefore with an unsparing hand. In so doing I expose many of the tricks and manœuvres which are employed by those physicians, who, pursuing medicine as a *trade* instead of a profession, study the science of patient-getting to the neglect of the science of patient-curing. When the rules of an honorable professional intercourse shall come to be properly understood and appreciated by the public, one of the great sources of the success of quackery will be removed.

In exposing the errors and faults of the medical profession and of the public, while I have unflinchingly aimed at the truth I have endeavored to avoid a censorious spirit, and to give to human frailty all the tolerance that can properly be demanded. I trust the reader will therefore find, that, in the language of my motto, "there are no wasps, there are no hornets here." That I have escaped all error myself I do not claim. Some points may be too strongly stated, and some provisionary and modifying considerations may be omitted. I ask of the reader a reasonable indulgence, but none which shall be inconsistent with an honest and candid criticism.

In the practice of medicine there are some points upon which there should be a common understanding between the physician and the friends and attendants of the sick. From the want of such an understanding the purposes and plans of the practitioner are often interfered with, and sometimes are

effectually thwarted. A considerable portion therefore of this work is devoted to an elucidation of the points referred to.

In the chapter on the uncertainty of medicine, and in other places, also, I point out the difficulties which are encountered in the study and practice of medicine. These difficulties demand of the physician the exercise of higher and more cultivated powers, than are needed for the successful prosecution of most other studies and pursuits. I therefore make it a principal object to urge, by every consideration, the importance of a well-educated medical profession. Every man has a personal interest in maintaining the barriers by which the organizations of the profession undertake to protect the community from the evils, which they would suffer from ignorance and imposture, if these barriers were destroyed. It is especially for the advantage of the *people*, and not, as is commonly supposed, of physicians, that there should be a proper standard of medical education.

My first chapter, on the uncertainty of medicine, may perhaps be considered by some as too strictly professional for the common reader. I ask for it, however, a careful perusal. I have endeavored to strip the subject of all technicalities, and a full understanding of the views there presented is necessary to a proper appreciation of the considerations contained in some of the succeeding chapters.

I write in part for the profession, and in part for the community at large. I ask both to look candidly at the views

which I present of their '*mutual duties, relations, and interests.*' A reform is needed in the opinions and practices both of physicians, and of the people, in regard to medical subjects. This reform is fairly begun in the profession, and there may be seen, even amid all the present diversified and flaunting displays of quackery, some indications of its commencement in the community. The volume which I now offer to the public is a humble effort to promote this reform.

W. HOOKER.

Norwich, Conn., June, 1849.

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CHAPTER I.

UNCERTAINTY OF MEDICINE.

The uncertainty of medicine is a common topic in all circles; and yet it is one which is very generally misunderstood, even by the intelligent and reflecting in the community. They mistake as to the nature of this uncertainty, its causes, its practical influence in the treatment of disease, the means which should be resorted to in order to diminish it, and the best methods of guarding against the errors into which it is liable to lead us. These errors are, I may remark, so numerous and so common, and interfere so constantly with the usefulness of the physician among high and low, educated and uneducated, almost equally, that the subject is one of vast practical importance. It is important not only to physicians, but to the people, and to the people especially, for *they* are the sufferers from the multiform and often fatal injuries, which these errors engender.

It will be profitable then to examine the different points to which I have alluded, so that it may be seen how far the science of medicine merits confidence, and by what tests an intelligent and thinking man may distinguish between that which rests upon good and substantial evidence, and that which is uncertain and delusive. This is a dis-

tinction which often fails to be made, (as the physician has occasion every day to lament,) by the shrewd and learned, as well as the ignorant and unwary; and the deductions of a rational and careful experience are continually confounded with the false assumptions, and plausible fallacies of the mere pretender, and the fanciful vagaries of the enthusiast. So far as my remarks will enable the reader to make the distinction to which I have referred, just so far will my object be accomplished.

When the chemist mixes substances together, the composition of which he knows, he arrives at results which may be strictly denominated certain and invariable. If he be not able to do this at once, he can do so ultimately, by a series of experiments, varied to test each doubtful point. The results which he thus obtains are so exact, that they can be expressed by numbers and definite proportions. The physician can imitate the chemist, it is true, in the application of tests in the investigation of disease; but it is necessarily a very humble and distant imitation, and no approach to the certainty and definiteness of chemical analysis and synthesis can be expected in medical practice. When the chemist mixes substances together, he knows what they are; and when he sees their effect upon each other, he has a right to expect the same effect to follow, with absolute certainty, whenever he shall make the same mixture again. But the physician cannot infer from the effect of a remedy in one case, that the same result will certainly occur in another case which appears to be precisely similar. For he cannot know enough of the circumstances of the two cases, to determine beyond a doubt that they are exactly alike. There are often causes, utterly undiscoverable by human wisdom, which essentially modify the effects of remedies.

If you suppose that the chemist knows the nature of only a part of the substances which he puts into his retort,—that the retort itself is made of materials which will act upon these substances, and be acted upon by them, and that in the midst of his experiment some other substance is introduced accidentally or by stealth, producing an entire change in the process; you will then make the chemist to resemble the physician in the uncertainty of his results. He would then be obliged, as the physician is, to go through with a great many observations to establish any one fact; and instead of making, as he now does, a well-defined line of separation between what is known and what is not known, he would, like the physician, have a wide middle ground of probability and supposition.

The causes which make disease complicated, and prevent uniformity in the effects of remedies, are principally these, viz:

1. The sympathy which exists between the different organs of the body.

2. The influence of unseen causes or agents.

3. Natural changes, arising from the tendency which exists in the system to throw off disease, appropriately called the *vis medicatrix naturæ*, or restoring power of nature; and in connection with this the tendency to a definite limit manifest in many diseases; for example, small pox, whooping cough, measles, scarlet fever, &c.

4. Mental influences.

5. Idiosyncrasies, or individual peculiarities.

We will examine in a familiar way each class of these causes separately.

1. The sympathy which exists between the different organs of the body.

The fact that when one organ is disordered in any way

other organs sympathize, or suffer with it, is familiar to every one. This sympathy destroys the simplicity of disease, in two ways. In the first place, it produces many symptoms at a distance from the organ affected. Pain, for example, is often far away from the disease which causes it. The pain in the right shoulder from disease of the liver, in the knee from disease of the hip joint, and in the head from disordered stomach, are familiar instances. Convulsions, in the great majority of cases, especially in children, are a mere symptom developed by the sympathy of the brain and nervous system with disease in some other organ—for example, a disordered stomach, the irritation of teething, &c. Now if sympathy renders disease complex; by developing such marked symptoms as those we have mentioned, at a distance from the affected organ, much more will it do this by the numerous less observable, and less definite symptoms, attendant upon our various bodily maladies.

In the second place, sympathy destroys the simplicity of disease, not only by exciting symptoms in organs at a distance from the part affected, but also by creating actual disease in those organs. A single example will suffice. The child, whose brain sympathizes with the disease in its stomach, may have inflammation after a time fastened upon its brain in consequence of this sympathy, the symptoms at first being obscure, but at length clear and unequivocal.

The influence of sympathy in modifying disease occasions constantly much perplexity in the mind of the physician. He often finds it difficult, and sometimes impossible, to decide whether an organ, which he sees to be affected, is really diseased, or is merely sympathizing with some other organ.

The simplicity of disease is thus destroyed by sympathy, even when all the organs, except the one which is attacked,

are in a healthy state at the time of the attack. And when they are already in an unhealthy, unnatural condition from previous disease, the complication is rendered still greater. *Chronic** cases especially are often so complex from this cause, that it requires the most discriminating acumen to unravel their history, and make out the starting point of the disease. Often it is impossible to discover any such starting point; and sometimes there is none, but there are several different diseases in different organs, all affecting each other through sympathy, and presenting together a confused and changing medley of symptoms. In such cases, the manifestations of diseased action are at one time most prominent in one organ, and at another time in another. These variations in the phase of the disease are often so unaccountable, as to seem capricious, and they always embarrass the physician, as he attempts to determine the effect of his remedies, and to proportion them to the importance of the symptoms, as they show themselves in the various organs. It would sometimes almost seem, that a tricksy little spirit were playing its pranks among the organs, now here and now there, eluding his search, and escaping his grasp.

In some cases, disease will leave the organ in which it seems to be obstinately fixed, and appear in full force in

* The terms *chronic* and *acute* it may be well to define for the benefit of some of my non-professional readers. An acute disease is one which runs its course in a short time. A chronic disease, on the other hand, is one which has a long duration. For example, pneumonia, (commonly called lung fever,) is an acute disease of the lungs, while consumption is a chronic disease of the same organ. The term, acute, has reference to the violence of the symptoms of the diseases to which it is applied, rather than to their duration; while its opposite term, chronic, has reference to duration only. Use, however, has given them a technical sense which is not liable to be mistaken.

some other organ, which has been up to that time only sympathetically affected. This is more apt to occur in children, because the sympathies are more lively in them than they are in adults. Such changes, taking place often without any obvious cause, and so suddenly, and sometimes, we may add, so secretly, you can readily see, must tend to make our knowledge of disease, and of the effect of remedies, confused and uncertain.

2. The influence of unseen or secret causes, is another source of uncertainty in medicine.

The fact, that some causes, whose nature and extent cannot be appreciated, are at work modifying disease, and the effects of remedies, constantly forces itself upon the attention of the practitioner. The causes of disease, and of the changes that occur during its progress, are much more concealed from our view than is generally supposed. Patients are fond of fixing upon something to which they can attribute their sickness; but in the great majority of cases, the conclusion which they adopt with so much confidence is a mere supposition, and does not rest upon any substantial proofs. Even in the case of a common cold, you will find that the reasons given for believing that this or that cause produced it, often will not bear a strict examination, according to the acknowledged rules of evidence. Ordinarily some exposure is looked upon as being without a doubt the cause, when it may have been only one of the causes, or may even have had no agency at all in producing the result.

Some of the causes of disease, though, from their definite and invariable results, we may be perfectly aware of their presence, are yet of an occult nature, escaping all the tests devised to detect them. For instance, the miasm, as it is termed, which is the cause of intermittent fever, has never yet been detected in the atmosphere, by the

application of any chemical test. And yet, no result in the wide range of disease is more definite and palpable than that which this miasm produces. And so secretly does it make its impression, that the disease sometimes lies dormant for a long period, even for weeks and months—the system all the while showing no signs of its presence. I once had a case of intermittent fever, which was not developed till a year had elapsed from the time of the patient's exposure to the cause.

The nature and mode of operation of the causes of many diseases are involved in mystery, and are subjects of discussion and dispute among medical men. The formidable, and often fatal malady, that results from a wound received in dissection, is attributed by some to a poison evolved in the decomposition of the body; while others suppose that it arises from the irritation of the wound simply, circumstances concurring to increase the irritation in one case, while it is left to subside in others. It is agreed, on all hands, that the contingencies on which the disease depends are not ascertained; and they are so often absent, that the cases in which the malady does actually occur bear a very small proportion to the whole number of instances in which such a wound is received.

The same may be substantially said of the causes of typhus fever, cholera, scarlatina, &c. Some think that these diseases are caused by subtle poisons, which enter the system in various supposed ways; while others believe that they arise from causes which make *impressions* merely upon the system, and thus awaken trains of morbid action. Whatever may be our opinion on these disputed points, the fact that there is so much secrecy in the operation of morbific influences, must, it is clear, make much of our knowledge of disease uncertain.

If, then, there be so much ground for difference of opinion in regard to the nature of the causes of disease, and their mode of operation, where the results are of so definite a character, as we see in the disorders to which I have alluded; much more is this the case with those diseases, which, with their Protean shapes, make up a large proportion of the maladies that call for the daily attention of the physician. *These* do not commonly spring from one cause, but from many causes concurring together, some of which may be ascertained, while others are only suspected, or are wholly concealed from the most scrutinizing investigation. Under these circumstances, the physician has a difficult task to discover the actual condition of the patient. It would be a comparatively easy one, if he knew what all the agents were that had combined to produce the disease, even though they were numerous and complicated in their operation. He could then thread out with some success, the trains of morbid action, and, perhaps, give to each cause its proper place in his estimate of their agency in causing the disease. But, in some cases, he knows but little of the nature and mode of action, even of those agents, whose influence he can perceive: and then, there are some quite as important, which act in entire secresy, developing results that cannot be foreseen, and that cannot be calculated upon after they have made their appearance. Such developments are often observed in the progress of disease, and necessarily embarrass us in its treatment. They sometimes completely alter, either gradually or suddenly, the whole character of the case; and yet they may be the consequences of causes, which have been secretly, but surely, doing their work from the first onset of the disease. In some cases, which were in the commencement comparatively mild, a group of severe

symptoms all at once start up, exciting astonishment and alarm in the mind of the practitioner. Sometimes there are precursors of the full development, half showing themselves, and the watchful physician may discover in them the coming storm, long before the indications are manifest to the common observer. Even after convalescence has, to all appearance, fairly begun, and the symptoms seen during the progress of the disease are gone, some new symptoms may appear—the upshot of a train of morbid influences, which had been all the while imperceptibly advancing to this result; just as I have seen a fire, supposed to be extinguished, burst forth like a new fire in another part of the building, to which it had secretly made its way.

It is sometimes impossible to detect the immediate cause of an attack of sickness, even when the transition from health to disease is apparently instantaneous. Take, for example, this case. A gentleman, while quietly sitting in his counting-room, was attacked, as suddenly as if it were from a blow, with a great sense of oppression in the region of the heart, almost arresting the action of this organ, and at once prostrating his strength. No reason could be discovered why this attack should occur at that time rather than at some other. And yet there was some hidden cause, or combination of causes, which, at that moment, did its work; and we know not how long a time a preparation had been going on for this consummation, and so silently, too, as to occasion no disturbance.

The physician often finds, on making his first call upon a patient, that although he may think that his attack is only a thing of to-day, there is evidence that disease must have been preying upon his system for some length of time, gradually extending its ravages, till, at length, it has made a palpable outbreak. The patient may attribute his

sickness to some one cause; but there have been many causes uniting together, one after another, and swelling the still current of disease, which has now broken forth as a flood.

And, as a general rule, the longer this preparation has been going on, the more obstinate does the physician expect the case will be, and the more difficulty does he find in getting a definite knowledge of the nature and extent of the malady. And if he could always trace every train of disease up to all its sources, both original and tributary, he would often be obliged to go back weeks, months, and sometimes years. In some cases, such an exploration would lead him through almost endless labyrinths. As it is, he often finds, in attempting such a search, that those facts which are the least material in the eyes of the patient, and which may be overlooked by him in giving the history of his case, reveal, far back in the distance, causes which have had more influence than any other in producing this result. A sort of cross-questioning, and that sometimes of a rigid character, is often needed, to develop material facts. The patient's own story, without such questioning, would generally give to the physician very erroneous ideas of his case.

The remarks that I have made apply with greater force to chronic than they do to acute diseases. For in them more especially, as you have already seen, does the sympathy which exists between the different organs extend and complicate the morbid condition, and the operation of unseen causes contributes, sometimes very largely, to this result.

Many chronic cases become exceedingly complex, and therefore obstinate, from the course which the patient takes with himself, before he comes under regular and

systematic treatment. Perhaps, first, he goes through with domestic medication, and then takes patent medicines, recommended to him by kind neighbors, or blazoned forth in the newspapers. Then he tries some vaunted system—Thompsonism, or hydropathy, or homœopathy, or chrono-thermalism, or perhaps all of them in succession. After going through all this, unless some one of these measures *chance* to benefit his case, (as *anything* may *chance* to do it), he at last comes to a physician, and puts himself under his care. The case which was, perhaps, sufficiently complicated in the beginning to require strict investigation, is now rendered, by all this variety of practice, very intricate. The difficulty in understanding it lies in the varied effects which the different agents brought to bear on it have produced—effects, which, in the retrospect, it is almost impossible to estimate with any correctness, because the physician has only the history given him by the patient, and the appearance of his present symptoms, to guide him in making up his opinions. If he had himself seen the case in its untouched condition, and then had witnessed the operation of the different remedies, he would have been better able to arrive at satisfactory conclusions. A chronic case, in its best estate, needs to be watched for some little time, in order to acquire a just and thorough knowledge of its character. And when it has gone through a series of processes at *hap-hazard*, with no intelligent eye to observe it, it is no wonder that its condition should become a complicated and puzzling one. The physician, with such a case before him, is situated very much as the chemist would be, into whose hands should be put a mixture which had been experimented upon over and over again by different chemists, and those, too, who were ignorant and bungling. And as you would not demand

of him, that he should arrive at once at definite results in examining the composition of such a mixture, but would give him time to apply various tests to it, so it should not be expected of the physician that he should fully understand at once a case which has been dabbled with by ignorant experimenters, one after another; but time must be given him to watch *his* tests, that he may see them bring out to view its real character and condition.

It must be obvious to the reader, that those who go through this round of experimenting, before they put themselves under the care of an intelligent physician, not only lose valuable time by so doing, but generally inflict upon themselves positive harm. The remedies which they have used, if they have had no good effect, have helped to *fasten* the disease upon the system, and have increased its severity. They have done this by irritating the system, and, of course, the diseased organs, and by extending the complaint far beyond its original limits. You have seen that, through the sympathy existing between different organs, disease becomes extended and complicated. Well-directed treatment has a tendency to prevent this extension of disease: mere blind experimenting, on the other hand, is apt to promote it; and if it does not have this effect, the patient is very fortunate.

3. I pass now to the consideration of the third class of causes which render medicine an uncertain science, viz., natural changes, arising from the tendency which exists in the system to throw off disease, appropriately called the *vis medicatrix naturæ*, or curative power of nature; and, in connection with this, the tendency to a definite limit, which is manifest in many diseases, as, for example, small pox, measles, hooping cough, scarlet fever, &c.

To recur to our chemical illustration. I have said that

it would add vastly to the uncertainty of the results of the chemist's experiments, if the retort, into which he puts his substances to be experimented upon, could itself act upon these substances, and thus modify their action upon each other. The body of the patient may be considered as the physician's retort, and the diseases and the remedies introduced, as the materials contained in it. Under this head we are to examine certain principles which reside in this retort, and which have a constant and important influence upon diseases and their remedies, modifying, sometimes manifestly, and sometimes secretly, their action upon each other.

I will speak first of the tendency to throw off disease, the *vis medicatrix naturæ*. I need not spend time in proving to you the existence of such a tendency. It requires not the exercise of any scientific acumen to discover it. It is obvious to the most superficial observer. And yet the extent to which it operates is far from being properly appreciated, even by medical men; and much less is it by those who are out of the profession. The changes which it produces are constantly confounded with the effects of remedies; and this is one of the chief sources of the errors which encumber the annals of medical experience.

The reader will see, as we proceed, that boast as doctors often will of *their* cures, as if they were wholly theirs, this *vis medicatrix naturæ* is the chief doctor after all; and she, good, kind angel, hovering over the bed of sickness, without fee, and often without even any acknowledgment of her services, saves the life of many a poor patient, who is near being drugged to death by some ignorant quack, or some over-dosing doctor.

That the reader may be somewhat acquainted with the extent of the influence which this curative principle exerts, I will cite some examples of its operation.

If some offending substance be present in the stomach, vomiting is produced, the substance is evacuated, and this organ, having thus relieved itself by an effort of nature, as it is commonly expressed, now goes on with the performance of its usual functions. In this case, the ordinary action of the organ is entirely reversed, in obedience to the curative principle. If an attempt be made to allay the vomiting before the offending substance is thrown off, it is an injurious interference with a salutary effort. Sometimes the effort is ineffectual, and needs the assistance of art. It is often difficult to decide whether vomiting is prompted by this curative principle, or is caused by irritation, which should be quieted by medicine. Want of due discrimination, either from lack of knowledge, or from carelessness, very often leads to errors on this point.

The operation of this principle is beautifully exhibited in the succession of the processes of inflammation. You see a swelling. It, after a while, begins to soften. There is matter in it, but it is not yet very near the surface. But soon, at some point, it comes nearer and nearer to the surface, the wall of the abcess thus becoming constantly more thin, till, at length, it opens and discharges. The discharge continues till the swelling is nearly all gone, and the remainder is absorbed, and the part is restored to its natural state.

Now, this is quite a series of processes, all contributing to one result, and it is presided over, or directed, by the *vis medicatrix naturæ*. The object of this series is a definite one; and each process does its part in effecting it, and does it commonly at the right time, and in the right manner. Just look for a moment at the complicated character of this apparently simple operation. Here is quite a large deposition of substance which is to be removed;

and this is the object to be effected. Observe how it is done. The softening of the swelling is not a mere change of solid substance into a fluid, as if by decay, but it is the result of an active process, which we call *suppuration*. When this process is properly performed, good pus is made, or as the old writers in medicine rather quaintly expressed it, *laudable* pus. This process of suppuration, when it is well done, does not go on here and there in the swelling, making it like a honeycomb with a multitude of little abcesses; but there is a consent, an agreement of action by the vessels of the part, as really as if they worked intelligently. It is this consent of action which not only makes the line of movement in the abcess, but points it towards the surface, instead of giving it some other direction, laterally, or inward, upon some of the internal organs. But it is farther to be observed, that in this agreement of action, the vessels of the part do not all do one thing. Three different offices are performed by them in the different quarters of the abcess. While some of these little workmen are forming the pus, there are others thinning the wall of the abcess in the direction of the surface, by absorbing or taking up the substance there; while there are others still, in the rear, and at the sides of the abcess, depositing substance, in order to make a barrier to prevent the pus from being diffused in the surrounding parts. Each class of these workmen perform their particular work with even more exactness and harmony than would be expected of any company of intelligent laborers under the direction of a leader. The absorbents absorb together, the wall builders build together, and the makers of pus make pus together, and deposit it in a common reservoir.

But observe farther, and you will soon see an entire change come over the whole scene of operations. When

the absorbents have completed their passage for the matter through the skin, the pus is gradually discharged from its reservoir, and the "occupation" of the pus makers is soon "gone." The wall builders also cease their work, and while the vacancy becomes filled up by contraction and deposition, the wall of defense, so carefully maintained, so long as it was needed, is now taken up by the absorbents—workmen which seem to know just when, as well as how, to do their duty, and is emptied into the common circulation, to be discharged from thence with the general refuse, by the various outlets of the system.

The object of all this is the restoration of the part to its healthy condition, and it is effected by a principle existing in the system—it matters little comparatively by what name you call it. The name is simply expressive of a great, general fact, as the term gravitation is, and is not intended, any more than that term is, as an explanation of the *nature* of the fact indicated.

This same principle is inoperative in all diseases, resisting them, hemming them in, and as they retreat, following hard upon their footsteps, repairing their injuries as well as it can. It is true that its efforts are often ineffectual, that they are sometimes overpowered by disease, that they are frequently perverted by injudicious interference, and that they are sometimes stimulated to a higher degree than is necessary, producing over-action, and thus making this conservative principle an instrument of injury, perhaps destruction. It would be interesting and profitable to illustrate these several points in the operation of this principle, but it is not essential to our purpose.

We will pass now to the consideration of the principle of self-limitation,* which we find existing in many diseases.

* This subject may be found fully illustrated by Dr. Bigelow in the Annual discourse for 1835, before the Massachusetts Medical Society.

These diseases have a regular rise and decline, including a set of processes, and a succession of symptoms peculiar to themselves. When they have once fairly begun, they cannot be abridged; neither are they prolonged beyond their natural limits, though they may, and often do, leave results behind them, which are sometimes mistaken for a continuance of the disease itself. The period of continuance is more definite and fixed in some of these diseases than in others, and there is a similar difference also in regard to uniformity of shape. Thus small pox runs through its course with more regularity of period, and with a more uniform series of phenomena than scarlet fever, which, though having a certain general character and average period, is extremely diversified in its degree of severity, and in its accompanying circumstances. The more simple and regular and definite any disease is, the more accurate can our observations be in regard to it, and the less apt are we to confound the effects of remedies with the natural changes that take place in its progress.

This principle of self-limitation is found in the movements of other diseases of a less definite character than those which I have mentioned, though it does not manifest itself so fully, and with so much uniformity. You have already seen, that in a common inflammatory swelling there is a regular set of processes going on to its termination, in the restoration of the part to its healthy condition. The tendency of the inflammation ordinarily is to finish itself, just as is the case with any of the definitely shaped diseases, but its rate of progress cannot be so well calculated upon. The same can be said of inflammation of any of the organs of the body, in regard to this tendency to come to a conclusion of itself; the ways in which it does this varying much,

according to the texture of the part affected, and other circumstances.

The reader is now prepared to see how it is, that mistakes may be made, by confounding the effects of remedies with the changes that arise from the two tendencies, of which I have been speaking. These mistakes have often been committed, even in those diseases which are commonly simple and uniform, and definite in their shape and course. Take, for example, small pox. It was once the custom of physicians to give much medicine in this disease, with the idea that it was controled and lessened by such a course, and the system was thus enabled to throw it off more easily and effectually. But experience has corrected this error, and the physician now stands by, and sees results occur in the progress of this malady without the agency of medicine, which he used once to consider as produced, in part at least, by the drugs that he administered. Let me not be understood to say that no medicine at all should be given in this disease. The office of the physician is to watch it, and if nature, in going through the processes necessary to a favorable termination, needs to be assisted by art, it should be done. But we should be careful not to ascribe to art what is really effected by nature, for we should be led by this error to a too officious interference with her efforts. We may often do much good by medicine—we may moderate the fever, support the strength when languishing, bring out the eruption when it recedes, &c. But to attribute the successful termination of small pox in all cases to the remedies which have been used, would be as great an error as it would be to maintain that the poultices, and other applications made to an inflammatory swelling, are of course the cause of its suppuration and discharge—or, in other words, that they cured the inflammation. All that

can be truly said of them is, that they assisted nature in the cure. And as these applications may sometimes be of too stimulating a character to suit the case, and therefore may increase and extend the inflammation; so the remedies used in a case of small pox, if they be not actually needed, may aggravate the disease. And if the patient recover under such injudicious treatment, it may be supposed that the medicines cured him, though he actually recovered *in spite of them*, because that same blessed *vis medicatrix naturæ* came to the rescue.

If there be so much liability to error in a disease so simple and uniform as small pox is, it is still greater in those complaints which are more complicated, from collateral and accidental influences and affections. Perhaps I cannot adduce a better example for our purpose than is to be found in scarlet fever. There is no disease, the history of whose treatment shows so strikingly the uncertainty of medical knowledge and experience as this does. The most opposite and various remedies and modes of treatment have been lauded as successful, in standard medical works, and in medical journals, and multitudes of *certain* cures have been proclaimed in the newspapers. What is praised by one is condemned by another; and it is the individual experience of every rational and candid practitioner, that a mode of treatment which at one time is attended with marked success at another is wholly unsuccessful. It cannot be otherwise in a disease which varies so much as this does in its degree of severity, in its real character, and in its attendant circumstances. A respected medical friend, in reviewing his cases of scarlet fever, found that he had treated one hundred cases since he had lost a patient with this complaint. But on the very day on which he made this review, he was called to a case of scarlet fever which

ended fatally, and out of thirteen cases in the same neighborhood he lost seven. With such variations in the severity of this disease, it is very difficult to avoid erroneous inferences as to the comparative success of modes of treatment. This difficulty is increased by the fact, which is remarkable in this disease, that the degree of severity, or amount of danger, is by no means always capable of being measured by the symptoms which present themselves. In the experience of every physician, who has seen much of this complaint, many cases have ended fatally, which, up to within a short period before death, appeared to be doing better than some others in which recovery took place. There was much wisdom in the reply that one physician made to another, who asked him what his mode of treatment was in scarlet fever. "I have no treatment," said he. "I manage each case as an individual case, just as it strikes me at the time." And to this conclusion will experience lead every judicious practitioner.

Let me not be understood to mean that experience, so valuable in the treatment of all other diseases, is nothing worth in this complaint—that it establishes no facts, and no general principles. All that I mean is, that this disease is so variable in its character and tendencies, that extreme caution is necessary in applying these principles, and that the treatment must be at the very antipodes of stereotype—as variable as the disease itself.

I trust that it is sufficiently obvious to the reader that great uncertainty must necessarily rest upon our knowledge of a disease so varied as this is, and that all our experience of the effects of remedies upon it must be thoroughly sifted, in order to attain to any measure of accuracy. It is a disregard of this important truth, that has made the testi-

mony of medical men so conflicting in regard to the treatment of this disease.

I need not spend time to show how the same uncertainty must embarrass us, to a greater or less degree, in our investigation of all other diseases. The errors resulting from this source may be avoided, in part, by observing accurately the changes which arise from the two tendencies that we have been considering, their modes, periods, signs, and accompanying circumstances. The efficacy of this precaution against error is, as I have already hinted, in proportion to the simplicity and uniformity of disease. In disorders which are complicated, and which vary much in their shape and other circumstances, it is exceedingly difficult to decide, how much agency, in bringing about the curative changes, is justly to be referred to the remedies, and how much to the natural energies of the system. Too much credit is very commonly given to medicine, and too little to nature; and sometimes, when some remedy is praised for its efficacy, and the patient and his friends, and perhaps even the physician, think that it has saved his life, it had no agency in promoting his recovery, and perhaps it retarded it.

I pass now to the consideration of the fourth class of the causes of the uncertainty of medicine—mental influences.

It never should be forgotten in our observation of disease, that we have not to deal with the body alone, but with the body inhabited by a mind, which is connected with every particle of that body by countless nervous filaments, and therefore acting through them upon it, and affecting to a greater or less degree all its diseased conditions.

The influence of causes acting through the mind is often concealed from our view, and even when it can be plainly seen it is difficult to estimate its amount with correctness.

Effects are often produced through the mind, which are attributed by the patient, and sometimes by the physician, too, to some remedy that has been administered. Take a very common case. A dyspeptic, who has contracted his disorder from mental effort, or from the anxieties of business, applies to his physician. He prescribes some medicine, and at the same time recommends him to take a journey, or go to some watering place. He returns cured, and he perhaps gives the credit for the most part to the medicine, or to the medicinal waters which he has drank with scrupulous regularity, either of which may have had little if anything to do with the cure, and relaxation and diversion of mind may have been the chief or sole causes of his recovery. This is a palpable instance of erroneous inference; but we shall have but a narrow idea of the influence of mind upon disease, if we confine our view to cases of so decided a character. Its influence is constant in all diseases; sometimes plain to be seen, as in the case just mentioned; often entirely concealed from the most careful scrutiny; and sometimes revealing itself slightly, so that the watchful eye of the physician catches mere glimpses of it, like passing shadows gone in a moment. Besides the secret griefs and troubles that often hinder recovery, there are varying states of mind, some of which the patient may be hardly conscious of himself, that modify in a thousand ways the movements of disease, and the action of remedies. For example, the cordial which is administered is often in part or wholly neutralized by mental depression, while it is essentially aided in its effects by the genial and animating influence of hope.

The points to which I have alluded the reader will find fully illustrated in the chapter on the mutual influence of mind and body in disease. I will therefore dismiss them for

the present, and will merely recur again for a moment to our chemical illustration. If the retort of the chemist, besides being composed of substances which will act upon its contents, should have residing in it some secret and subtile principle, whose existence is known only by its effects, and which acts both upon the retort itself and on whatever it contains, the results of his experiments would be rendered very uncertain. To follow out the analogy—the human body being the physician's retort, the mind is just such a secret and subtile principle, acting in an unseen way both on the retort and its contents, modifying therefore the effects of remedial agents, so as to embarrass the physician in his investigations, and render his conclusions uncertain.

The fifth class of causes of the uncertainty of medical science remains to be noticed, viz: individual peculiarities or *idiosyncrasies*, as they are termed.

Every individual may, strictly speaking, be said to be peculiar to some extent, and there is much force in the popular idea of the benefit resulting from a physician's being acquainted with his patient's constitution. But besides these common differences, some have very great peculiarities. A few examples will be sufficient. There are some persons in whom the odor of roses will produce asthma. Ipecac has the same effect in some individuals. Some persons are uniformly made sick by eating strawberries even in small amount. Cases are constantly met with by physicians in which some medicines have a peculiar effect. The various effects produced by opium in different individuals furnish many examples. I call to mind a patient, who though a laboring man of considerable power of endurance, is extremely prostrated by vomiting, by whatever agent it is produced. I once gave him an emetic without knowing this peculiarity. He was so much prostrated, that I sup-

posed that the apothecary had made a mistake, and that he had taken an overdose. But a short time after, I witnessed in him the same effect induced by undigested food, and this revealed the idiosyncrasies in his case.

When idiosyncrasies are known, they can be calculated upon. But they are not always known. We cannot be aware of them when they respect the action of remedies which the patient had never taken. And in relation to remedies which produce no marked and obvious effect, peculiar susceptibilities may exist without being readily ascertained. If there be an idiosyncrasy in regard to such a medicine as an emetic, or an opiate, it is easily discovered. But if it exist in regard to a remedy that acts silently and slowly, it may not show itself clearly. The only evidence that we have of its existence may be the fact, that the medicine after a while is observed to fail in producing the effects which we ordinarily expect from it in such cases. And it may be very doubtful whether this failure is to be attributed to this cause, or to some other.

Let us recur once more to our illustration from chemistry. If the retorts used by the chemist, (which, I have supposed to carry out the analogy, to be composed of materials which would act upon their contents,) were not all made exactly alike, but varied a little always in their composition, and sometimes considerably, and that too without the variation always being appreciable, this fact would obviously still further complicate his experiments, and render them uncertain in their results. So also the peculiarities in the different human systems, which are the physician's retorts into which he introduces his agents, must have the same effect upon his investigations.

I have now finished the consideration of the various causes of uncertainty in medical science. If I have suc-

ceeded at all in making them to be properly appreciated, the reader will agree with me when I say, that there is no science that requires higher talents for its successful investigation, and none that is so liable to wrong influences and conclusions, if the student of it be a careless and credulous observer. Notwithstanding this liability, imperatively demanding caution on the part of the physician, there has been much of careless observation in this science; and the recorded experience of the medical profession is therefore encumbered with a mass of errors. In order to get rid of these errors, and to establish the proper distinctions between the certain and the uncertain, between the true and the probable, while the merely plausible shall be entirely rejected, a judicious sifting and testing of evidence must be resorted to, credulity and skepticism both being equally avoided.

CHAPTER II.

SKILL IN MEDICINE.

The uncertainty of medicine is often most unjustly made to give a free license to blind experimenting. It should the rather stimulate to the most careful and searching observation of all the doubtful points of the case in hand, so that whatever of experimenting may be necessary, shall be as rational and intelligent as possible. This leads me to remark, that the views, which we have taken of the uncertainty of medicine, show us in what real skill in the practice of the medical art consists. It consists in *appreciating the actual state of the patient in all respects, and then applying such remedies, and in such quantities and forms as will do the greatest probable amount of good.* This is apparently a very simple proposition. But if we consider it in all its bearings, we shall find that more is included in it than at first sight appears. I will therefore dwell on some of these points in the order in which they are suggested to my mind.

Appreciating the true condition of the patient does not consist merely in finding out the seat, the nature, and the amount of the disease. This is exceedingly important, it is true. But it is by no means all of the case. Sometimes it is but a very partial view of it. For example,

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suppose that the patient has an inflammation of some organ, and to make the case stronger, let it be a *chronic* inflammation. In chronic diseases, as you have seen, there are extensive results from sympathy and from the action of concurrent causes in different parts of the system. The physician, in investigating such a case, in order to proportion his curative measures with any accuracy to the ends to be accomplished, must look beyond the main disease, and take into view the whole case, the state of the different organs, and the state of the system as a congeries of organs.

A disregard of this important point is very common, and leads to many errors in practice. Let us look at a few of them.

Many physicians are disposed to consider the morbid state of the system in almost every case as arising from disease in some particular organ. They therefore, in examining the symptoms, search for this disease; and when they think that they have found it, they refer to this, either directly or indirectly, all the phenomena which the case presents. In their treatment of the case, therefore, they direct their remedial means principally to the local disease. They lose sight of the fact, that often there are several organs simultaneously affected, and that the organ which seems to be most diseased is sometimes found to be less so than some other organ, which exhibited no marked signs of its morbid state. They forget too another important fact—that the disease of an organ is often a mere result of a general bad condition of the system. If in such a case the physician considers the local disease the main thing to be attacked by remedies, and directs his efforts to that point, he commits a great error. And this is an error which occurs, I have no doubt, very often in regard to the most common of all chronic complaints—consumption. The

local disease is a result, and not a cause, much more often than is generally supposed, even by physicians.

Some physicians acquire exclusive and narrow notions of disease, by having their attention particularly directed to the diseases of certain organs. They get a sort of attachment to some localities in the system, and are disposed always to look to their favorite quarters in their search after the seats of disease. With such an inclination it is no wonder that they often suppose an organ to be the seat of fixed disease, which is merely sympathetically affected.

An undue attachment to certain modes of investigation, to the exclusion of others, is also frequently a source of error. I mention as an example a too implicit and exclusive reliance upon what are called the physical signs of disease. Percussion and auscultation are valuable sources of evidence, but when they are relied upon to the exclusion of other sources, as is often the case, they lead to error. Some who have attained to a high degree of skill in the use of the stethoscope, have on this account sometimes adopted very erroneous conclusions, which might have been avoided by a careful examination of *all* the sources of evidence in the case.

Having pointed out some of the errors produced by narrow and exclusive views in the investigation of the symptoms of disease, let us now attend to some of the errors which result from this cause, in the *application of remedies*.

A remedy may be applicable to a disease which the physician finds developed in a given case, but there may be some condition of some organ, which may render it wholly inapplicable to that case. For example, in a case of inflammation of the lungs, the state of the stomach may be such as utterly to forbid the use of some remedies, which would otherwise be proper. If they be administered in

spite of this circumstance, they may perhaps produce a beneficial effect upon the inflammation, and yet may do a great injury to the patient, perhaps even a fatal one, by their direct effect upon the diseased stomach. Errors of this kind do often occur in the practice of those who observe inaccurately, or who have fallen into a sort of routine of practice from disinclination to mental effort.

The general condition of the patient sometimes fails to be appreciated by the practitioner. He may be pursuing a course which would be admirably adapted to cure the same disease in a more vigorous patient, and yet in the case in hand it may be ruinous. Though it may relieve and even cure the disease, it yet may destroy the patient. The judicious physician in some cases feels obliged to let morbid processes go on, because the violence which must necessarily be done to the debilitated system by the attempt to arrest them, would put the patient's life in greater jeopardy, than it would to let them have their course. Questions frequently arise on this point, which tax the physician's skill and judgment to the utmost. Even when it is proper to moderate the activity of a diseased process, it is often a very delicate point to determine just how far this can be done without doing harm to the patient. Fever is often moderated by means that irritate the system, or prostrate its powers to such an extent, that bad results, sometimes fatal ones, occur; when, if these means had been used less largely, or perhaps even if they had not been used at all, a recovery might have taken place.

Sometimes fearful issues depend upon the decision of the physician. For instance, here is a case which has been going on for some time without giving much occasion for anxiety; but all at once it assumes a new aspect. A new set of formidable symptoms have come on, requiring

an entire change in the treatment. A variety of perplexing questions now arise in the mind of the physician,—such as these. If the attempt be made to remove the new symptoms, how much reason is there to fear that that attempt will so affect the debilitated patient as to destroy life? Severe as the symptoms are, is there a probability that, if a mild course be pursued, the patient may weather the storm? Will he certainly die if the symptoms are left to go on without any attempt to arrest them? And if so, what measures will probably arrest them with the least amount of risk to the patient's life? Such are some of the momentous questions which press upon the physician's mind; and, though he would like time to give them a patient examination, he cannot have it; for there is necessity for immediate decision and action. The reader can plainly see, that in order to decide such questions under such circumstances properly, great comprehensiveness and concentration of thought, and a cool and clear judgment, are requisite; and that a mind of narrow views, and loose habits of observation and reasoning, must often fail to come to a right decision of them.

Some, in such circumstances, amid all the uncertainty that beclouds this nice balancing of probabilities, will doubt and doubt, till the time in which anything effectual can be done is past by; and the patient dies without having a single intelligent effort put forth to save him. Others, in their confusion of ideas, pursue a vacillating course—at one moment inefficient, at another destructive; and no rational and steady plan is adopted. Others still, without waiting to consider the different questions which I have mentioned, see in the new group of symptoms nothing but a new enemy to be attacked, and plunge, at once, into the

fight. A reckless course is entered upon, which must either kill or cure.

The truly judicious physician, in contrast with all these, is neither bewildered nor precipitate. He takes a rapid view of all the circumstances of the case, and looks carefully at the important and perplexing questions which start up one after another in his mind, and then decides intelligently, coolly, and definitely upon his plan of treatment. He may err, it is true; but if he does, it is not his fault, for he has made use of all possible precautions to prevent error. The plan which he fixes upon, he does not pursue obstinately, as being, without a doubt, the best. While it is that which he believes to be the best at the time, he watches its progress, and if he see reason afterward to alter it, he does so. Aware of the uncertainty of his knowledge, while he decides at every step what it is best to do, he is ready to reverse that decision, and change his course, whenever any new development in the case shall call for it.

Sometimes he decides that it is best to wait and watch the movements of the case. Many seem to demand that he shall pursue an active course of treatment all the time, to conquer the disease—that he shall be keeping up a constant cannonade upon it from beginning to end, not reflecting that if he do so, many of his shots must be worse than lost. And some physicians yield to this demand, and pursue this destructive course. The public call them bold practitioners; and they do gain some apparently splendid victories over disease; but if the results of their whole campaign (to carry out the illustration) could be fairly estimated, they would be found not to deserve the reputation for success, which is accorded to them. The prudent and judicious physician, like the prudent and judi-

cious general, fires as few random shots as possible, taking good care, too, that he hit none but enemies—husbands carefully all his resources—rests from his battle with disease whenever it is best to do so, maintaining, for the time, a "masterly inactivity"—retreats when he finds his line of movement is likely to prove disastrous—calculates probabilities as accurately as he can at every step, and endeavors to make every measure tell upon the great result, avoiding, as far as possible, those which will not, and especially those which will hinder or defeat it.

Sometimes the physician finds that he must be satisfied for the present with but a partial view of the case before him. He sees that there are some agencies at work, which are hidden from his view. Under such circumstances, while the careless and adventurous practitioner makes up his theory of the case confidently, and acts upon it, supplying what is not known from his own imagination, and mingling all together in one confused mass; the judicious physician, on the other hand, cautiously distinguishes between what he actually knows and what may be supposed, acts upon this knowledge, and watches for farther developments to clear up what is doubtful. He treats the case according to the indications of the presenting symptoms, carefully scrutinizing the effects of his remedies. Perhaps he succeeds in cutting off at first some of the tributaries of the disease; and, by so doing, patiently and perseveringly, he at length comes at the main disease—the starting point of the whole case.

In pointing out the characteristics of medical skill, allusion was made to the quantities and forms in which remedies are administered. These must, of course, be varied to suit each individual case. Sometimes a very nice adaptation is necessary, especially in regard to quan-

tity. A remedy, which is appropriate to a case, may be given in such a quantity as to be injurious. The use of a medicine may be continued too long. It may have accomplished all the good that it can; and the continuance of it will do harm, perhaps even beyond the undoing of all the good which it has effected. Sometimes a change occurs in the condition of the patient of such a character, that a remedy, which has been up to that time beneficial in its influence, will now produce bad results. Medicine is often continued under such circumstances. Such are some of the errors to which the physician is liable in regard to the quantity of medicine to be given, if he be at all loose in his habits of observation.

Perhaps there is no one thing in medical practice in which failure is so common, as in the accurate proportioning of remedies to the condition of each case. A physician may discover very clearly the nature of the malady, and decide with great correctness upon the appropriate medicines, and yet, may err after all in applying these medicines in the proper amounts, and at the proper intervals. The variations, in these respects, required by different cases, have a wide range—some demanding large doses to produce the needed effects, and others being strongly affected by small ones. In some cases of severe pain, for example, very large doses of opium in some of its forms are necessary to give relief; while, in other cases, in which, perhaps, the pain is by no means slight, quite small doses accomplish the purpose. Similar variations in the quantities of remedies, are required by other circumstances, which are less obvious in their indications on this point, than so palpable a symptom as pain is. The contingencies on which these variations depend, are often, indeed, so uncertain and so secret, that they elude the most

watchful and patient investigation, much more that which is hasty and careless.

Experience gives to the shrewd and judicious physician a sort of tact in detecting these contingencies, and in so modifying his practice as to meet with some good degree of fitness the various indications which they present. This tact is to be acquired at the bed-side of the sick, by patient watching of the workings of disease, and of the influence of remedies upon it; and though the experience of others is a valuable auxiliary in acquiring it, it is only an auxiliary, and cannot communicate it alone. There are a thousand little things that are observed in watching disease from day to day, which materially influence the physician in the details of his treatment, but which it is impossible to record in the history of the case. It is therefore peculiarly true of the wise and skillful physician, that when he dies much wisdom will die with him. And the student of medicine always finds, when he comes to actual practice, that disease, in the sick chamber, is a very different thing from what he supposed it to be when listening to descriptions of it in the lecture-room. One of the first lessons that he learns is, that the long troup of maladies, arranged in the syllabus of the professor, gives but a faint idea of the various and Protean shapes of disease, as they appear before him, in all their complications, with mingled and confused lineaments, instead of the distinct ones with which they are necessarily described in books and lectures. He sees that the general principles which he has learned, are to be applied with almost endless variations; and that a searching and ever-vigilant observation is needed to apply them aright.

The points which I have endeavored to elucidate, in regard to skill in the management of disease, are very com-

monly disregarded by the community, and too often even by physicians. To impress them more vividly upon the mind of the reader, I will resort to an illustration, in which some of the same principles are applied to quite a different matter.

Two travellers are wending their way through a mountain-pass to their home. Their path is a perilous one; now lying along on the very brink of a precipice, and now across a succession of points of rock, with an abyss yawning below. Often the foothold of the traveller is but a slight one, and would scarcely suffice were there not some shrub near by that could be caught hold of, or some projecting point of rock on which he could hook his fingers One of the travellers is weary and sick, and the other is helping him along. The shades of evening have come on, and the flying clouds occasionally obscure the light of the moon that shines upon their path.

It needs a watchful eye, a strong arm, and a firm foot, to go through this pass with safety, even by broad daylight. How fearful, then, are the dangers that threaten the sick traveller? If he were alone, he could not possibly get to the journey's end. He would fail to reach some foothold, or would let go his grasp upon some shrub, or totter from some giddy height, and be dashed to pieces. His companion sees the difficulties of the task before him, and bidding the poor sick man to be of good cheer, nerves himself for labors that will tax all his strength and all his skill.

See how varied is the assistance which he renders! Now he is before, with outstretched hand raising him up; and now behind, doing the same office, while the feeble man clings to some branch, or to some projecting point of rock. Now you see him gently supporting his tottering

steps, as he leads him slowly along a narrow path on the edge of a precipice, where, if he but stumble, he is lost. The effort is now but a slight one; but it requires caution, firmness, and skill. And now there is needed a strong, almost an Herculean effort. He must raise him to the top of a rock just large enough to stand upon, and there let him rest a moment, so that he may step carefully to another rock which offers a secure resting-place. He pauses before making the effort, to calculate with precision the amount of force needed. He sees that if he come short of raising him to the right spot even an inch, his feet may slip, and he is gone. And on the other hand, if he use too much force, he may throw him too far, and then he will plunge over beyond. His courage almost fails him, as he sees the fearful issues—the issues of life and death, that hang on that one effort. But it must be made. Uttering the cheerful words of hope in his companion's ear, with his whole frame roused to its utmost tension, he makes the attempt. The poor man's feet just reach a jutting edge of the rock, while he catches with his fingers upon another projection, and there he hangs. His strength is almost exhausted; but he knows that if he lets go he is lost. His friend presses his feet fast to the rock, and tells him to hold on. Then finding some foothold by which he can raise himself a little higher, he lifts his sick companion gently to the summit. There he remains a few moments, trembling, and almost poised upon a point, fearing to move, or even to look down from that giddy height, lest he should slip off. But soon, with the little rest that he gets in this perilous situation, and encouraged by the firm and cheerful voice of his friend, he steps to the next rock, where a broad and sure foothold enables him to pause and recover his little

strength, which was well-nigh exhausted by his anxiety and his exertions.

The path is now an easy one for some distance, but soon they are confronted by a high crag, up which they must clamber. It looks gloomy and formidable in the dim and fitful light of the partially-obscured moon. The sick man's heart almost dies within him, as his companion eyes narrowly the small footholds which are notched up its steep side. Some of them he sees but faintly; but soon the full light of the moon, through the breaking clouds, shows him every notch with distinctness. He calculates their distances in a moment, and as his eye runs upward to the top, he plans out the whole of his ascent. In an instant he seizes his friend; and, again bidding him be of good cheer, tells him to place his foot in the first notch, then raises him gently, but firmly, to the second, and so on to the summit.

It is thus that the sick man, aided and cheered by his friend, after going through with many narrow escapes, at length reaches his home.

The points of resemblance between this journey and the journey of sickness, are sufficiently obvious to suggest themselves at once to the minds of my readers. The journey of sickness has sometimes the same variety of peril, and demands of the physician the same variety of assistance, to suit its various stages and conditions. His efforts, in rendering this assistance, must sometimes be strong and sometimes gentle; sometimes bold and sometimes cautious; always careful and never precipitate. The uncertain and varying light, shining upon the path of the traveller, has its counterpart in the journey of sickness; and sometimes the darkness is so great, that the physician must stop short, and not move at a venture amid such

perils. There are times, too, when the light breaks through the clouds of uncertainty that hang over his path, and his eye must be open and ready, as was the traveller's, to discern all that the light may reveal of that which lies before him.

Often, in most of the journey of sickness, a gentle, but firm support and guidance are needed, on the part of the physician, just as it was in the case of the traveller, when the path lay along the edge of a precipice; and here, in the one journey as well as in the other, an officious and hurrying assistance might prove ruinous. Then there are times (and fearful times they are) when the physician sees, as did the sick man's companion, that while mighty efforts are required of him, even a slight error in regard to the right proportion in those efforts, may prove fatal. And, as the traveller found occasionally some broad and sure resting-place, where his friend could recruit his wasted energies after a severe effort; so in the journey of sickness there are such resting-places, and the physician must take care to give his patient the benefit of them, and not run the risk of an entire exhaustion of his powers, from too much anxiety to hasten to the journey's end.

One more point of resemblance, and one which I deem of no small importance, I will barely notice. As the sick man, in all the way through the mountain-pass, was encouraged by his friend, so should the physician cheer his patient with his hopeful voice and manner, amid all the gloom and peril of the journey of sickness; and should hold out to him, in all seasons of despondency, so far as truth will allow him to do so, the hope that he will at length reach the end of that journey in safety.

CHAPTER III.

POPULAR ERRORS.

My intention in this chapter is to notice some of the popular errors, which have resulted from the uncertainty of medicine.

One of the most common of these errors is a false estimate of the importance of *positive* medication. This error appears in a great variety of forms. I will notice a few of them.

A patient once avowed to me the opinion, that in all cases of recovery from sickness, the recovery is to be attributed to medicine, and that nature never cured anybody of anything that could properly be called disease. Though this error is seldom carried to such a point of ultraism as this, it does exist, to a great extent, even in the medical profession, and it is exceedingly prevalent in the community at large. It therefore exerts a great influence upon the popular modes of the treatment of disease.

One of the most common examples of this false reference of a curative result to the agency of medicine, is to be seen in the prevalent popular notion in regard to the healing of wounds. The cure in this case, is usually attributed to some healing property in the applications made to the wounds. But the truth is, that the union of the divided

parts is effected entirely by a natural process; and the only use of any applications, is to put the lips of the wound in apposition, so that this process may be effectual in securing this union. The popular error on this subject, is not as prevalent now, as it once was, and the array of salves and ointments for the healing of wounds, is fast passing away. At a time when this error was in full favor with the people, some one broached the idea, that the medicaments ought to be applied to the instrument that inflicted the wound, instead of being applied to the wound itself. This new mode of practice proved successful in comparison with the old, for the plain reason, that the wounds thus treated were not subjected to applications, which would irritate them, and thus interfere with nature's process of healing. It acquired a great reputation all over England, and I believe, in other countries also; and the results of the practice were triumphantly referred to as proofs of its success, that were not to be gainsayed. It is related that in one case, in which the wound became very painful, it was suggested that something might have happened to the axe with which the wound was made, and which had therefore been duly anointed with a healing salve; and as the axe happened to be at some distance, a messenger was sent in great haste, who found that it had fallen down from its place, and the dressings were consequently deranged. Here was certainly the cause of all the pain, and accordingly it was ascertained, that at the very time that the messenger re-applied the salve to the axe, and set it up in its place, the patient became perfectly easy!*

* Many varieties of weapon-ointment were used. Some of the articles in them which were considered most essential were powder of mummy, human blood, and moss from the skull of a thief hung in chains.

It is a humiliating fact in the history of human wisdom, that Lord

As another very common example of an undue disposition to refer results in the course of disease to positive medication, I would mention the fact, that those who have the care of the sick, often attribute any change that may occur, whether it be favorable or unfavorable, almost as a matter of course, to the remedy that was administered immediately before the change took place. They do this sometimes when the medicine has not had time to produce any effect at all. They do not reflect that some remedies act much more slowly than others, nor that changes are often induced by other agencies than the action of medicine. This error is met with every day, and the cunning and dishonorable physician makes capital out of it whenever he can. A physician of this character was once called to a case of quinsy, in which the abscess in the throat was just ready to break. Perceiving that here was a fair chance for making the "*post hoc, propter hoc*" mode of reasoning subserve his purpose, he assured the suffering patient that he had some powders, which were "sure to break the quinsy." While he was preparing some of them in an adjoining room, the nurse came out and told him that they should not need his powders, for the quinsy had broken. The wily doctor could not help remarking in an undertone to a student, whom he was indoctrinating in the *arts*, as well as in the science of medicine, "I wish that I had been lucky enough to have got down one of my powders before that quinsy broke."

When one recovers from sickness, it is very common for his neighbors and friends to inquire, what it was that cured him—as if there was some one remedy that effected the

Bacon, the wisest man of his time, could only say of the pretended efficacy of this ointment, that he, himself, "as yet, is not fully inclined to believe it."

cure. It is true, that in some cases, the agency of some one medicine is so prominent, that it may very properly be said to have been the cause of the recovery. But this does not often happen. In the great majority of cases, the cure is to be attributed to the whole course of treatment, including many different remedies and measures.* And very often the negative portions of the course are of as much importance as the positive remedies that have been given, perhaps even more so. Thus, in some cases of inflammation of the eye, the exclusion of light is as necessary to the cure as the leeching, the blistering, &c. So also in inflammation of the brain, the exclusion of noise and excitement from the room of the patient, is as essential as any of the positive medication which may be employed.

The undue reliance which is placed upon positive medication is also seen in the disposition, which is so very common, to demand of the physician, that he shall be doing something all the time to overcome the disease. They who make this demand, do not reflect, that in the warfare with disease, as well as in every other warfare, there are times to do, and *times also to rest from doing*. In some cases, indeed, there are periods when it would be certain death to the patient to employ any positive agencies of any amount,

* The popular disposition to look to some one remedy for a disease, is seen in the conversations in every circle at the present time, in regard to the cholera. The inquiry is for some one specific remedy,—and physicians are constantly asked if something has not yet been discovered of this character. Though the newspapers are filled with new and *certain* cures, no *new* remedy has been discovered for this disease since its former visitation in this country. Physicians do however know better how to treat it, than they did then; but it is only because experience has taught them better *how* to use the appropriate remedies, and not because any very important new medicines are added to the list of those which are applicable to this disease.

of power. It was the remark of a shrewd old physician, who was often found fault with for giving so little medicine, that it takes as much knowledge to know *what not to do*, as it does to know what to do? This is an important truth; and I have not a doubt that, in the practice of every physician, who is disposed to give much medicine, sickness often results in death in really curable cases, simply because he did not know what *not* to do, and therefore did what he ought to have left undone. And yet those who drug their patients freely, are more apt to satisfy the mass of the community, than those who place less reliance upon positive medication. The friends of persons who have died, often remark, as a matter of consolation, that they are sure enough was done, that no means of relief that was suggested was left untried, &c., not seeming to dream that it was possible that too much was done. It appears sometimes to be the idea of the friends of the sick, that one remedy after another must be tried, in order to overcome the disease, until the effectual one is found; and that all the remedies which fail in this trial, simply fail, and do no positive harm. Accordingly, when any grave case occurs, they are disposed to call in many physicians, one after another, with the idea that "one may think of something that another did not." And they are satisfied with no one who is thus called in, unless he recommend to the attending physician some medicine or measure, that has not yet been tried in the case. If he recommend the lessening of some medicine in quantity, or the discontinuance of it, this does not satisfy such persons, though the change may be of so great importance, that it may be justly considered as an entirely new course of treatment—as really new as it would be, if a new set of remedies were adopted.

It is a very common idea, that medicines have a sort of

natural relation to disease. This idea appears in different forms. Some talk about disease as if it were a palpable thing, which is to be attacked, to be hit, to be driven out, or drawn out from its hiding place; and they suppose that there are certain remedies which are calculated to effect these different objects. They therefore speak of the drawing off of "bad matter," by a blister, and of the "bad blood," which is taken from one by bleeding, as if the disease itself in palpable shape, was abstracted in these ways from the system.

The most common of these palpable shapes which disease is supposed to assume, is that of "humors," as they are termed in popular language. The disappearance of a "humor" is the *effect* quite as often as it is the cause of disease; and yet it is very difficult to make people understand this—they persist in thinking it always to be a cause. So also, if a patient, on recovering from any sickness, has some eruption appear upon the skin, it is taken for granted, that it was this "humor" that has been inside all the time, which has caused all the sickness; and now that it has ceased to play its pranks among the internal organs, and has come out, the patient as a consequence gets well. It never enters their minds, that the eruption may be simply a result of that revival of the energies of the system, which is consequent upon its escape from the depressing influence of disease.

This idea of the palpable shape of disease gives rise to the popular error, which is so prevalent, in regard to the necessity of getting out *all* the eruption in such diseases, as scarlet fever, measles, &c. The idea is that there is a certain amount in the system, and that this must *all* be brought out upon the skin, or the patient will suffer some bad consequences from this retention of morbid matter.

This notion is entirely erroneous. The eruption in such cases is not the coming out or throwing off of diseased matter contained in the system, but it is merely one of a succession of processes in the natural course of the disease. It is indeed necessary that this process should be well executed, and if the natural energies of the system do not prove adequate, they should be assisted by medicine. But ordinarily they are adequate; and in comparatively very few cases, is there any need of any assistance from art in bringing out the eruption. Most of the dosing so common in scarlet fever and in measles, for this purpose, is worse than useless—it aggravates the symptoms, multiplying and inflaming the eruption beyond the necessities of the case, and it increases the complications which are incidental to it. Death is often the consequence of such officious interference with nature's regular processes.

Some talk about disease as if it were a poison, whose power can be destroyed by the appropriate agents, very much as an alkali neutralizes an acid. All medicines which do not have this neutralizing influence are, in their view, mere palliatives. It is this idea which lies at the foundation of the opinion, so often expressed, that opium never cures any real disease. but merely gives temporary relief. No opinion can be more erroneous than this. Opium, in its various forms, is one of our chief means of *curing* disease, as well as of alleviating its sufferings. It is an effectual remedy for many painful affections. For example, it is the great remedy for spasmodic colic. There are auxiliary remedies, which can be used with profit, it is true; but after all opium is the chief remedy. And in the great majority of cases of disease, with which the physician meets in his daily practice, opium materially assists in its cure, by soothing and quieting the irritation of the system,

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so that the curative power of nature (the vis medicatrix naturæ, of which so much was said in my first chapter), may pursue undisturbed and without hindrance, her processes of restoration.

Another error, to which this idea of the neutralizing influence of medicines gives rise, is this. What is found to be useful in any disease is supposed to be so in all cases of that disease. If a remedy be "good" for a certain malady, fever for example, it is apt to be considered as being "good" in all cases of fever, without regard to circumstances. There is a great proneness to suppose all cases of one disease to be alike, and to require therefore similar remedies. The physician finds it difficult often to make people understand that two cases, in which the disease bears the same name, may require very different, and perhaps almost opposite modes of treatment. The accompanying circumstances of disease vary so much in different cases, that this supposed invariable relation of particular remedies to the cure of particular diseases is impossible. This remark applies even to our most efficient remedies. Colchicum is one of the most effectual remedies which we have for rheumatism; and yet there are many cases of this disease, in which its use is forbidden by the condition of the patient.

The idea, that medicines have a kind of natural relation to disease, assumes sometimes a more definite shape than either of those to which I have alluded. Some suppose that almost all, if not all, diseases have their specific remedies and antidotes. It is often said by those who have this idea, that there are medicines in the plants that grow in any country, which can cure every disease that prevails in that country, if they could only be found. Indians and "Indian doctors" are supposed to know of many of these specifics.

The newspapers announce too occasionally the discovery of specifics for the most formidable of diseases, consumption, cancers, hydrophobia, locked jaw, &c., &c. These announcements are accompanied sometimes with statements of cures of the most positive character. No doubt the statements are correct in one respect—the patients recovered. So were the wounds healed when the ointments were applied to the instruments that made them. In some way these specifics after a while lose their reputation. There is a constant succession of them, all equally infallible for the time, but the period of their infallibility is short. Their reputation is built upon the "*post hoc, propter hoc*" mode of reasoning, and therefore does not stand the test of any continued experience.

In order that this subject may be fairly understood by my readers, they should know what we mean by a specific remedy. A specific remedy for a disease is one which will cure that disease under all ordinary circumstances—that is, when there are no circumstances in the case, apart from the disease, which tend to prevent the cure. Many doubt the existence of any specifics at all. If there be any, they are certainly very few in number. Sulphur and some mercurial preparations, as remedies for Psora (itch), and some other cutaneous diseases, have as strong a claim to be considered specifics as any medicines that can be mentioned. Iodine has been said to be a specific for scrofula, but it by no means holds good its claim. Though tuberculous consumption is a disease of a very definite and specific form, no specific remedy has been as yet discovered for it, and probably none will ever be, though Dr. Rush and others have indulged the pleasing hope that some plant may yet be found that will arrest the ravages of this disease. I would remark in this connection, that there is one specific preven-

tive. I refer to vaccination as a preventive of small-pox. But this fact stands entirely *alone*—there is no other fact like it.

The physician is continually meeting with evidence, that the community generally have no adequate ideas of the necessity for discrimination in medical practice. He is every day called to patients, who tell him that they have taken some patent pills, or perhaps some pills which they chanced to have in the house, and which they supposed must be "good," as they express it, though they may not know where they came from, or what they are commonly used for; and this is done by many, without regard to the kind of malady under which they are suffering. All cases must first be dosed by pills, to which they attach this general idea of being "good;" and then, if they do not hit the disease with this random shot, they send for the doctor, not however with the belief, that his shooting will be any less at a venture, but because he may have a greater variety of ammunition.

One of the strongest evidences that the community have a very imperfect conception of the varieties of disease, and of the necessity of accurate discrimination, is the propensity to look for some one grand remedy for all diseases. This propensity is exceedingly common, and exists in every variety of degree. Some, I may say many, have the full belief that there is such a remedy, and try every vaunted medicine that comes along, in their search after the great catholicon, or elixir vitæ. Disease they suppose, in the language of quacks, and we may add of some physicians also, to be an unit, and the remedy for it must therefore be an unit also. Others, (and these form a large portion of the community,) while their ideas are less distinct and exclusive, are still governed in a great measure by

this same prevailing notion. They have some favorite remedy, which they use for complaints of almost every kind. The remedy may not always be the same, and commonly is not. The 'universal cure' does not ordinarily last a great while, but is at length supplanted by some other, just as universal, which in its turn, is also to be supplanted. Every year, not to say every month, brings to some people a new grand catholicon.

This propensity does not always show itself in relation to some one remedy, but sometimes leads to the adoption of some system or class of remedies. I mention as an example the Thompsonian system. A certain group of remedies was selected by the founder of this system, from the whole kingdom of nature, as the remedies above all others, if not alone, fitted to attack the great unit, disease. The very idea of discrimination was discarded. The unit was to be attacked with these weapons, and the attack kept up till it was destroyed. No fear was indulged that any harm could be done, for Thompson claimed that his remedies had a natural relation to disease, possessed by no other agents, and that therefore, however largely they might be taken, they could not possibly do any injury. How beautifully simple this system of practice is; and, if its claims be just, what a perfect relief it brings to all the uncertainty of medicine! Away then with all care-worn experience, and all study! Keep up a constant fire of lobelia, red pepper, and steam, and you will certainly kill the disease at last—at least if you do not kill the patient. In the infancy of this system, this idea of its simplicity was more distinctly avowed than it is now, and the remedies that were used were much less in number than they now are. The followers of Thompson are certainly departing from the stern principles of his doctrine, and some of them even begin to talk

about the necessity of study—a heresy, one would think, glaring enough almost to start Samuel Thompson from his grave!

It is most impudently asserted by Thompsonians, that physicians generally act upon the same exclusive principles that they themselves do—that while Thompsonians give lobelia and cayenne in all cases, we do the same in regard to calomel, antimony, &c. This is undoubtedly true of some physicians, but it is a gross slander when it is applied to the profession in the mass. The real difference in this matter between Thompsonians and physicians is this. While Thompsonians confine themselves to one particular set of remedies for all diseases, physicians use in their daily practice a great variety of remedies, and among them the very medicines used by Thompsonians. We have never claimed, as Thompsonians falsely state that we do, that lobelia and cayenne are not good medicines, but simply that they are not applicable to all cases, any more than is calomel, or any other remedy that may be named.

The quack shows in his advertisements, that he is aware of the prevalence of the propensity of which I have spoken, and here rests his chief hope of success. He begins his advertisement with something of this kind. Disease is an unit; or, All disease is in the blood; therefore the blood must be purified; or, Grand catholicon; or, Grand antidote to disease; or, The real essence of life at last discovered.

This propensity has shown itself in some measure even among physicians. Enthusiasts in our profession have always been disposed to attribute to favorite remedies, a sort of universality in their operation upon disease. Every new medicine that comes up to notice has almost every kind of virtue ascribed to it by such physicians. And it

is only by long-continued and well-weighed experience, that the statements made in relation to any remedy can be sifted, and the real truth be discovered in regard to the degree and extent of its efficacy, and the circumstances which should govern us in its use. This process has been gone through with, in the case of every article of the materia medica that has ever had any notoriety. Take for example, digitalis. At one time, this medicine was in common use in many diseases, and especially in consumption; and some enthusiasts, if they did not go so far as to say that it was a certain cure when used sufficiently early, at least extolled it as almost a specific for this disease. The accumulated and compared experience of physicians in regard to it has at length determined pretty nearly its value, and while it is now used far less than it once was, it is used more judiciously from the more definite knowledge of its effects which this experience has gained for us.

The same remarks could be made about other articles.* And while the test of experience has corrected our valuation of some remedies, and thus enabled us to use them with more skill; there are others once supposed to be valuable, which, under the application of this test, have gone wholly out of use. I will mention but a single example. Dr. Beddoes, an English physician of some note, but a great enthusiast, thought that some of the gases might be advantageously used in the treatment of disease. The results were said to be astonishing, and the practice of

* Ether and chloroform, which are now exciting so much discussion among medical men, furnish a good illustration. The value of the discovery which has recently been made in regard to them, great as it undoubtedly is, cannot as yet be exactly ascertained. But the profession will be learning more and more in relation to them, and multiplied and extended observations will at length determine their precise value, and the circumstances which should govern us in their use.

pneumatic medicine, as it was called, became very prevalent. I find in a work, called Medical Extracts, published in 1799, the narrative of sixty-nine cases of various diseases, said to be cured by the respiring of these gases. Among them are certainly some formidable maladies, such as dropsy in the head and chest, consumption, gout, epilepsy, leprosy, scrofula, &c. Some of these cases had been previously under the care of celebrated physicians, and some had even been pronounced by them to be incurable. A description given by one of the patients, a clergyman, of his own case, almost transcends the descriptions given now-a-days by some clergymen of the effects of some patent medicine, or of the infinitesimal doses of homœopathy.

Now, if the respiring of these gases really did produce these results, or any good proportion of them, the same practice would have been in vogue now. But it has not stood the test of experience, and therefore has been rejected. No physician at the present day thinks of setting his patients to breathing these gases.

If it be said that this is the result of change of fashion merely, and that it therefore does not prove that this practice was not successful, I reply that, though fashion in medicine may sometimes temporarily prevent the use of a good remedy, it never effects the entire and continued abandonment of it by medical men. You will find it always true of remedies and modes of practice which are really valuable, that though they may not be as fashionable after a while, as they were when first introduced into notice, and may, from the fact, that they have been estimated too highly, be for a time undervalued, they will never be wholly given up by the profession. Nearly as great stories were told about calomel and digitalis at first, as were told

about the gases of Dr. Beddoes. But while experience has shown that calomel and digitalis were over estimated, it has proved that these gases had an entirely false estimate put upon their remedial powers.

It is thus that the medical profession, corrects by experience the errors into which it is led by the uncertainty of medical science. But the community at large pursue a very different course. They never correct their errors, but only supplant one error by introducing another. While physicians reject what is found by experience to be valueless, and retain what is truly valuable, the multitude reject alike the good and the bad, in making their constant changes from remedy to remedy, and from system to system. It is mere caprice, and not a careful discrimination, that leads them to throw aside one favorite medicine or system, and adopt another.

It is amusing to watch the movements of the community in relation to quack medicines. Of these there are a multitude constantly appealing to the credulity of the public. Some of them in some way, acquire a currency above their fellows, and from the extent to which they are used, and from the tales of their wonder-working from all quarters of the land, and from all conditions of life, one would suppose that these remedies would never go out of use until mankind cease to be sick. But look again, only a few years after, and these vaunted medicines have gone out of use, and the flaming advertisements proclaiming their virtues have disappeared, and other remedies have taken their places in the public mind, and on the public tongue, and of course in the public stomach. This process of change in the prominent remedies before the public, has ever been going on. Take a single example. A few years ago, almost every invalid was swallowing the Hygeian pills, from

the pauper that purchased them with his begged pittance, up to lords and ladies, and senators, and generals, and clergymen. But in a short time, Brandreth's effulgent glory burst upon the earth, and the Hygeian orb faded, and glimmered, and sunk to rise no more. And now Brandreth is rapidly on the decline, giving way to others who are rising to take his place.

These successive changes in popular remedies show, that the public have always been egregiously mistaken, whenever they have attributed to them such wonderful efficacy. Else the very high and extensive reputation gained by each could not have been so utterly lost in so short a time. If, for instance, a tithe of the fame of the Hygeian pills was well founded, the thousands of mouths that swallowed them would not have been, as they were almost in a twelvemonth, just as wide open to receive the magic pills of Brandreth. Either a large portion of the community have committed a great error, in ascribing such marvellous efficacy to these remedies; or they have committed a greater one in so soon discarding them. Either the one or the other of these errors has been committed, in regard to each one of the most popular remedies, that have succeeded each other in the favor of the public, from time immemorial—not one that has not had its *decline*, as well as its *rise*, and its *acme*. And what is remarkable is, that when once a remedy has thoroughly passed from the popular favor, no matter how great its fame has been, it never can be revived again, unless it be under an entirely new name, and with new pretensions. Why? Because it has been tried, and its reputation was found to be a splendid bubble that has burst and fallen. And the public, like the child, when a bubble has burst, has done with that one forever, and busies itself

at once in raising another, which, in its turn, is succeeded by another, and so on to the end, if end there be, which seems to be hardly a possibility with the bubbles of quackery.

CHAPTER IV.

QUACKERY.

The reader is now prepared, by the facts and considerations presented in the previous chapters, to see in what way quackery, in its various forms, has obtained such a hold upon the community. If results in medical treatment could always be traced to their real cause, there would be no room for the arts of the empiric. But the reader has seen that, in the progress of every case of disease, there are many causes acting together in the development of results, and that many of these act secretly; and that there is, therefore, special need of caution in our conclusions, in regard to the operation of remedies. And yet, notwithstanding the manifest necessity for caution, there is no subject to which the '*post hoc propter hoc*' mode of reasoning is so frequently, and so incautiously applied. It is the erroneous reference of effects to causes, consequent upon this mode of reasoning, which is the great source of quackery.*

* The following anecdote of an ignoramus, who set himself up as a doctor, furnishes a good illustration of this erroneous mode of reasoning. His first case was that of a butcher, who recovered. As he gave his patient beefsteak and wine quite liberally, he referred the cure to these articles, and put down in his note-book—beefsteak and wine will cure a *butcher*. His next case was that of a tailor, which, under the same

Let us see how this result is produced.

Take any remedy, no matter what it is, whether it be positive in its character, or entirely inert, and it can be made to acquire an extensive reputation for curing disease. Suppose that it is of a positive character. Let quite a large number of persons in a community be persuaded to take it. It would be appropriate to a few out of the whole number of cases, just as a man firing into a crowd of men at random would be apt to hit some of them. Then there are some, who, through the recovering power of nature, get well while using the medicine, perhaps even in spite of it, and falsely attribute the cure to it. The *many* that are not benefitted soon, give up the use of the remedy, and the fact that they have taken it is known to but few, and is soon forgotten even by them. But the few that *chance* to derive benefit from it, or that are cured by nature while taking it, proclaim everywhere the virtues of the remedy with the ardent gratitude of restored health, and willingly give certificates of their cure for the benefit of suffering humanity. All this helps to get the new remedy in vogue in other places; and wherever it is introduced, the same result, for the most part, is realized. The consequence is, that the remedy comes into extensive use, and continues in the popular favor, till some other remedy, by the same process, supplants it.

treatment, resulted unsuccessfully. He, therefore, added to the above note—but will kill a *tailor*.

You laugh at the use which this man made of the '*post hoc propter hoc*' mode of reasoning; but, after all, his inference is no farther from the truth than many of the inferences of wise dabblers in physic, promulgated in the newspapers, or even of learned doctors, gravely recorded in the annals of medicine. The only real difference is, that among the many preceding circumstances, to which results might be attributed, he chose one, and they chose some other, a little more plausible, perhaps, than his, but no nearer the truth.

Even if the remedy be not of a positive character, but wholly inert, enough of the whole number that take it will get better, from the curative power of nature, and from mental influence, to give it, for a time, the reputation of curing disease. Many examples might be given. An amusing instance of the celebrity sometimes gained by inert remedies, occurred in Paris. A man who had sold to great profit an eye-water, at length died without communicating to any one the composition of it. His widow regretted the loss of the profits which came from the sale of the eye-water. Without telling her trouble to any one, she filled up the phials from the River Seine, and went on to sell the eye-water as usual. Cures occurred as before, and everybody believed that her husband had bequeathed the recipe to her. On her death-bed her conscience was much disturbed on account of the deception which she had thus practised upon the community, and she made confession to the physician who attended upon her. He, however, quieted her mind by telling her, that he was sure she need give herself no uneasiness, for her medicine had at least done no harm—a consolation which most venders of secret medicines could not have.

The variety of both active and inert remedies, which have enjoyed, in the way that I have indicated, a temporary popularity, is very great. Even calomel, which now seems to be especially despised by all empirics and their followers, has had its hey-day of popular favor. It was one of the chief remedies of Paracelsus, who has been styled the prince of quacks. And some years ago an empiric, in the staid city of Boston, acquired a great reputation for wonderful cures, by giving calomel in very large doses, even by the teaspoonful. His reputation was, of course, short-lived; for, though he seemed to make some

capital hits, so glaring an abuse of a good remedy could not but be attended with bad results, occasionally of so palpable a character, as to undeceive even the credulous public.

The most prominent quack medicines are principally of *three* kinds.

1. Evacuants. To this class belong the almost numberless varieties of pills advertised in the newspapers. There is a great similarity in the composition of these pills, although each kind is ushered into notice with all the pretensions of an entirely new discovery. Aloes, gamboge, &c., medicines in common use, form the basis of nearly all of them. They are simply good cathartic preparations, and have none of the extraordinary virtues attributed to them. And, as those who are ailing are commonly benefitted by producing some amount of cathartic effect, these different pills actually do some good to quite a large proportion of the cases to which they are applied. The difficulty with them is, that used indiscriminately, as they so generally are, they in many cases do injury, and in some to a fatal extent.

2. The second class of quack medicines are those which are supposed to act upon the system slowly, producing a change in its general condition. The general term *alterative* may be properly applied to them.

The various preparations of sarsaparilla belong to this class. The same remark can be made in regard to these that was made in relation to the great variety of popular pills. They are all very much alike, although the proprietor of each claims for his preparation that it is entirely new in its combination, and that it is pre-eminently successful. A single fact, which came to the knowledge of the author, will show what kind of imposition some of

these discoverers of *new* preparations of sarsaparilla practice upon the community. Twenty years ago, Carpenter's Fluid Extract of Sarsaparilla had a high reputation, both with the profession and with the public. No secret was made of its composition. A student of medicine copied the formula. A few years ago he furnished an apothecary with this formula, who forthwith came out before the public with what purported to be a *new* preparation of sarsaparilla, which, by the usual machinery of quackery, obtained extensive popular favor, and made a fortune for the apothecary. His preparation was not a new one, but was made according to Carpenter's formula, with some slight additions to alter the taste and the appearance of the medicine. The sale of this once famous preparation of sarsaparilla has, with that of its rivals, almost, if not wholly gone by; and others are now the candidates for fame and *money* with their entirely *new* preparations.

3. As consumption is the most common of all chronic diseases, there is a very large class of remedies which are supposed to act especially upon the lungs. Each one of these is claimed by its proprietor to be a *certain cure* for this formidable disease. They are generally combinations of articles which are in common use among physicians in affections of the lungs. In the indiscriminate use to which they are put by the empiric, while they benefit some cases to which they *happen* to be appropriate, in the great majority of instances they undoubtedly do harm; and in the forming stage of many cases, they fasten the disease irrecoverably, when a judicious and discriminating treatment might have saved the patient. These nostrums, therefore, add much to the mortality of consumption in the community.

It is well understood by any one who proclaims the dis-

covery of a new medicine for any disease, that his day of prosperity must necessarily be short. He knows that his medicine, whatever amount of popular favor it may acquire, will soon be supplanted by some other *newly*-discovered preparation. He must, therefore, make the most of his time. Accordingly, as soon as he succeeds in getting his name up by certificates, advertisements, &c., he throws as large quantities as possible of his medicine into market, and has but little care for the quality of the materials of which it is made. Great quantities of sarsaparilla and other articles which have been damaged, or have become inert by age, are constantly used up in this way, furnishing a profitable outlet for the refuse, which accumulates annually in the shops of the dealers in such articles. Large amounts, too, of adulterated articles are used in the manufacture of quack remedies.

Another imposition of a kindred character deserves a passing notice. When any particular article is high in favor with the public, every empiric incorporates it into the *name* which he gives to his medicine, in order to ensure its popularity, though there may be little, perhaps none, of the article used in its composition. If the article command a high price, or if there be any difficulty in obtaining it in sufficient quantity, other substances can supply its place—the *name* is all that is essential to secure a profitable sale of the medicine. Much of the sarsaparilla which is sold, has little or none of the real Spanish sarsaparilla in it; and as the Canchalagua of California is now rising into notice, there will, undoubtedly, be much sold as the genuine article, which will be composed of substances that Californians never saw.

The fact that the quack's advertisement is not only ridiculously pompous and grandiloquent, but palpably false,

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does not seem to injure the sale of his medicine, even with quite sensible people. A medical student in Boston amused himself with writing a burlesque quack advertisement. An apothecary, to whom he read it, proposed to buy it of him, and said that he would prepare a medicine, which, he had no doubt, could be sold in large quantities by the aid of that advertisement. The young man was astonished that his friend should suppose that any such use could be made of what he intended should be so exceedingly ridiculous. But the bargain was struck, the advertisement was put forth, and the medicine was, for a time, among the prominent quack remedies. Ridiculous as was this burlesque advertisement, it has since been surpassed by many of those which occupy so large a space in the newspapers.

The certificates of cures, which are so important in giving currency to quack medicines, may be divided into *four* classes.

1. Some of these certificates are forgeries.

2. Many of them are essentially, sometimes wholly, untrue. Some of this class are written by the local agents of the proprietor; and the individuals are persuaded to sign them, because the medicine had been gratuitously furnished, or for some other reason. I know many facts which I could adduce in proof of this statement. I will mention, however, but one case. One who had been an apothecary, and had sold large amounts of quack medicines, stated, that in one year he sold three thousand dollars' worth of one medicine—that he had no satisfactory proof of its having cured a single case of disease—that he had obtained, however, many certificates of cure, but not one from any person who had paid for the medicine.

3. Another class of certificates are obtained in this way.

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Invalids are very apt, on taking a new medicine, to imagine themselves for a little time to be benefitted; but after a while they find that it is mere imagination. Many certificates are obtained of such persons at the time when they feel encouraged in regard to their prospect of recovery. The empiric understands that this is the golden opportunity for him, and he will have no delay if it can be avoided. It is astonishing what sensible people are sometimes caught in this way. A deaf gentleman once asked me my opinion of an empiric, who pretended to have uncommon skill in the cure of deafness. He found, among the published certificates, a letter from a gentleman of his acquaintance, of the highest standing both in character and intellect, expressing great gratitude for the relief which he had experienced from the practice of this ear doctor. He wrote to his friend a letter of inquiry. His friend replied, that when he returned from his visit to this quack, he thought himself to be somewhat better, and was so much delighted that he magnified the improvement in his imagination, and in this condition wrote that certificate; and that he was now satisfied that he unwittingly made in that certificate a really false representation of his case.

4. Another class of certificates come from those who are really relieved while using the medicines, in regard to which they certify. The inference, according to the '*post hoc propter hoc*' mode of reasoning is, that the medicines, of course, cured them. I need not stop to show that this inference can by no means always be a correct one. I trust that the facts presented in the previous chapters are sufficient to satisfy the reader on this point.

No class of men have done more harm by giving certificates of cures by quack medicines, than clergymen. They are so situated in the discharge of their parochial

duties, that they are apt to be drawn into the signing of such certificates. They hear the glowing statements recited by patients and their friends. They, of course, sympathize with the relieved sufferers. They do not sift and examine the statements, for it seems almost unfeeling to doubt. They often, therefore, give these statements full credence, and furnish the empiric with certificates. Certificates from such sources are highly prized, and are, therefore, eagerly sought for. But clergymen should consider what they are doing by this course. The facts which I have stated show, that by such acts they uphold a system of impositions, and help quackery to destroy the lives of their fellow men.

The feeling which physicians manifest in regard to empiricism is very commonly supposed to be prompted by self-interest. This is far from being true. It would not be at all for the pecuniary interest of physicians to have quackery suppressed ; for it is continually furnishing them with patients, in whom disease has been created or aggravated by the use of empirical remedies.

I trust that it is obvious to the reader, from the facts which I have stated, that the medical profession are right in the ground which they have for the most part maintained against secret and patent medicines. The rule which they have adopted, in regard to themselves, on this point, is thus given in Percival's Medical Ethics: "No physician or surgeon should dispense a secret nostrum, whether it be his invention or exclusive property ; for if it be of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality. And if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."*

* The whole course of the medical profession, in regard to discoveries

This rule recognizes a very just distinction between inventions in medicine and all other inventions. As medicine has to do with such important interests as health and life, the principles of benevolence demand, that any invention or discovery in this art, should be promulgated without any hindrance. And this is the more necessary, because nearly all of the so-called *new* medicines, put forth from time to time, have nothing new in them, and mystery alone gives them their value and importance in the eyes of the public. The claims which are set up for the great mass of popular remedies, blazoned forth in newspaper, pamphlet, almanac, and handbill so profusely, are gross impositions; and an exposure of the formulas, according to which these medicines are compounded, would show them to be so.*

in medicine, has been open and generous, and not secret and mercenary. Dr. Stevens, in his eloquent address before the New York State Medical Society, thus speaks on this point: "Was the introduction of innoculation for the small-pox a speculation? Was the discovery of the preventive power of vaccination, (the labor of close, unremitting, and careful research during a period of several years,)—was that made or conducted with a view to personal emolument? As a matter of course, Dr. Jenner, as soon as he had completed his discovery, published it—made it free to all mankind. When quinine was first discovered, the mode of preparing it was immediately made known. Recently, when some feeble attempts were made to obtain a patent for the use of ether, and to conceal the process of etherization, the indignation of the profession was aroused from one end of our country to the other. The money changers were driven from the temple of humanity."

* For example, the famous *Balm of Gilead*, which, in its time, was said to cure all manner of disease, is nothing but brandy spiced with cardamoms and other like seeds, and made a little more stimulating with Spanish flies. The use of this medicine, therefore, was really only one of the modes of dram drinking.

Louis XV. purchased, for a considerable sum, of Madame Nouffleur, a nostrum for the cure of tape-worm. The medicine proved to be the powder of the male fern, which was used for the same complaint by Galen in

The only way in which this imposition, so constantly practised upon the community, can be guarded against effectually, is to oblige every one who sells a medicine, to make the composition of it known on the wrapper in which each parcel of the medicine is enclosed. Such a law is now, I understand, in force in the State of Maine. I hope that the law will be sustained, and that so just and noble an example will everywhere be followed.

If it be objected that the inventor in medicine should, like other inventors, have something more as a reward than the consciousness of doing good, and the reputation which his invention gives him, this can be provided for without any difficulty. Let a board be constituted, whose duty it shall be to examine all medicines offered to them, rejecting all that have nothing new in material or in the form of combination, and recommending all that are really valuable. Let it also be the duty of this board to award to the proprietor of every medicine, which they approve, as being a real invention or discovery, a suitable sum to be paid him out of the public treasury. Such a board, constituted on the most liberal principles that any one could desire, would find but few among the multitude of remedies now before the public, of which they could conscientiously approve; and there would be no ground for fear of any great drain upon the public treasury, by the awards which they would make to inventors.

Quackery has, at length, come to be so monstrous an evil, that there will be great difficulty in removing it. The

the second century, but which, in spite of the recommendations of this illustrious physician, and the princely reward paid to Madame Nouffleur for her discovery of it—in, shall I say, some musty book—it has somehow lost its reputation.

Examples of the same kind might be given almost indefinitely.

credulity of the public is so great and so extensive, that the plainest and strongest facts, brought out even in multitudinous array, are almost powerless before it. Then, too, the capital invested in this vast system of imposture is large in amount. It has become one of the great interests in the community,* and is so linked in with other interests in the relations of business, as to have a strong hold in this way upon the public. It has even subsidized the press; and it has done it so thoroughly, that it has not only muzzled it, so far as speaking out the truth on this subject is concerned, but it has compelled it to utter freely the falsehoods which it demands for its purposes. I speak of our secular newspapers. If there are any that are not guilty, they are exceptions. There may be a few. I know of not one. Not content with advertising quack medicines, they, for a liberal fee, admit into their columns, articles which have the appearance of editorial recommendations; and these are copied as such into advertisements in other newspapers. And besides all this, respectable editors have often refused to publish any exposure of the impositions of quackery. Our legislators, too, are afraid to move in any way against a system of impostures which has so strong a hold upon the community. Still,

* A few facts will show the present enormous growth of this interest. Ten years ago, the revenue of the English government, from the sale of patent medicines, was only a little short of fifty thousand pounds sterling. The cost of advertising quack medicines in the United States, was estimated at that time at 200,000 dollars. But it is vastly more now. Dr. Stevens, in his recent address states, that the advertising outlay of some of the most notorious patent medicine proprietors, is reckoned by its fifty and hundred thousand dollars per annum. Quack advertisements occupy a large space in our newspapers. In the twenty columns of a country political paper published tri-weekly, I once counted eleven filled with such advertisements, while only nine were devoted to other advertisements, news, miscellaneous matters, editorials, &c.

though these formidable obstacles are in the way of a radical reform on this subject, let the facts continue to be brought out, and let the truth be told fearlessly; and this evil, grown now to be so monstrous, will at length yield to our efforts.

I have thus far spoken of only one form of quackery—the sale of secret medicines. It appears in various other forms. I shall give some examples of only a few of them.

Many empirics have become itinerant lecturers. They, of course, always have something to sell—books, medicines, braces, breathing-tubes, &c. Their lectures are partly, sometimes wholly, gratuitous, which, certainly, looks like being somewhat benevolent. The lectures are made up of some very plain truths, borrowed from some medical works, which, mingled with some popular errors, and spiced with the prevailing ultraism of the present day, in order to make them interesting, are urged upon the audience as being both new and important. A variety of illustrations and analogies, some of which are true and some merely plausible, are made use of to effect the lecturer's purpose; which is, to convince the audience that he has examined the subject particularly, and is a thorough master of it. If he succeed in doing this, there is a great rush of invalids to his rooms in the intervals of his lectures. His remedies are costly, but his advice is gratuitous; and this is commonly a very successful bait for the poor invalid. He receives a large amount of money from his numerous patients for what cost him but very little. For the time being, he is the great medical lion of the place. But great as he is, when he is once gone, he is gone never to return to that place again: his vocation *there* is ended.

Some of these empirical lecturers have, as a special at-

traction, one or two lectures particularly for the ladies, to which no gentleman can be admitted; and one or two also for gentlemen, from which the ladies are excluded. I will only say, that in every case in which I have known this to be done, the character of the lectures has been such as no virtuous community should tolerate.

Animal magnetism, as applied to medicine, has made quite a figure in the world of quackery. Miss Martineau, and many other people reputed to be very sensible, have been entrapped by this delusion. The magnetized subject, or clairvoyant, who attends the lecturer on this "science," in his travels, is said to be able to look into the sick, and see exactly what is going on there. If this be so, animal magnetism must be capable of rendering essential aid in investigating disease—more essential, indeed, than any other means which we have at our command; and every physician should have his clairvoyant to attend him in his daily visits. The hits which are sometimes made by clairvoyants, are said to be astonishing; but they are so for precisely the same reason that the hits of the fortune-teller are sometimes truly wonderful. The clairvoyant has ears, and can hear what may be said aloud or in whisper about different invalids; and the magnetizer can hear for her.

I will give an example or two, to show what convenient use can be made of ears by these clairvoyants.

I once heard a lecturer state the case of a young man, who, he said, had for a long time suffered severe pain, and had applied to many physicians without obtaining any relief, or any satisfactory explanation of his case. His clairvoyant at once directed that a particular tooth be removed, and said that an abscess could then be opened above it, the discharge of which would relieve the pain. This was

done, and the patient was relieved. Every one supposed, from his manner of relating the case, that no one had ever hinted at the real seat of the disease, and that it was a fresh discovery of his clairvoyant. It was found, however, that physicians had taken this view of the case, and that it had been talked about in the family. The clairvoyant, probably, got her knowledge by her ears, before she was put into the 'magnetic state.'

A very shrewd lady accompanied a friend on a visit to a clairvoyant, in Boston, whom she wished to consult in regard to her child, who had, by a fall, injured his side She watched the proceedings of the parties very narrowly. The clairvoyant was for some time quite in the dark about the case, and used very indefinite language in regard to it. At length her mind became suddenly clear in its views; and it *seemed* to be done by a whisper uttered by one of the party to another, in relation to the fall. She at once said, "The child must have had some accident—he fell down, and as he stretched out his hands, he struck on his chest, *and the bones have shot by each other.*" The clairvoyant went a little too far. There is no such thing as the shooting by of any bones in the chest, at least in any ordinary accident. These clairvoyants, that see right into people, often have an anatomy of their own.

We sometimes have an opportunity of testing the clearness of the medical vision of these clairvoyants. One of them, a few years since, on examining the case of a child, saw in its intestines three kinds of worms, which she described with great exactness. It was a very clear and distinct vision. The child died two days after, and I assisted in its examination after death. The worms, so distinctly seen, were not to be found. The magnetizer and his clairvoyant immediately left for another field of labor.

Some names have become quite celebrated in the annals of quackery. I will give a passing notice to a few of them.

Paracelsus has been called the prince of quacks. He flourished in the beginning of the sixteenth century. In order to give himself dignity, he assumed the names of Philippus, Aureolus, Theophrastes, Paracelsus, Bombastes de Hohenheim. He discarded all the commonly-received doctrines and modes of practice, and pretended to have been searching after the truth for many years. He put forth a pompous proclamation of his travels and researches, and pretended to have made great acquisitions in medical science. The remedies which he used were mostly of the *heroic* kind; and though he killed many by his rash practice, he stumbled on some great cures, (and what quack has not?) These were proclaimed in the most bombastic manner. The result was that his practice was immense in amount and extent. The magistrates of Basle engaged him, at a large salary, to fill the chair of medicine in their university. At his first lecture he burned the works of Galen and Avicenna, and asserted that there was more knowledge in his *cap* than in the heads of all physicians, and that there was more experience in his *beard* than in all the universities. "Greeks, Romans, French and Italians," said he, "you Avicenna, you Galen, you Rhazes, you Mesne—you doctors of Paris, you of Montpelier, you of Swabia, you of Prussia, you of Cologne, you of Vienna—and all you throughout the countries that are washed by the Danube and the Rhine, and you who inhabit the islands of the sea, Athenian, Greek, Arab, and Jew: you shall follow and obey me: I am your king—*the monarchy of physic is mine!*"

Though he did not long retain his professorship, and

though he was grossly intemperate in the last years of his life, he maintained his reputation for extraordinary cures even to his death. Great and learned men were among his patients, and even the noted Erasmus consulted this arrant charlatan.*

It is but a few years ago that St. John Long had immense multitudes of patients in London, though his notions were of the most ridiculous character, and were attacked with the shafts of reason and ridicule on every side. His theory was, that all diseases were produced by a semi-mercurial fluid, and that in order to cure the disease, the seat of this fluid must be found, and the fluid must in some way be got out. He had discovered a very summary way of doing this. He used a liniment, which he applied over the seat of the fluid, and extracted it at once. Though this liniment had such wonderful power, it would produce no effect when applied over a part which was not diseased—so that in any case, in which the seat of the disease was not obvious, instead of going through with a strict and long investigation after the vulgar way of regular doctors, St. John Long only had to apply his liniment here and there, till he found that the disease was extracted. One would hardly suppose that such nonsense could be believed in any civilized community; but the theory of this painter, who had thrown aside his brush and dubbed himself doctor, ridiculous as it was, found such favor with the public, that the prominent journals came out with weighty articles against

* After he left his professional chair, he wandered about the country, generally intoxicated, seldom changing his clothes, or even going to bed. And though like other quacks who have succeeded him, he boasted that he had discovered a *panacea*, which would cure all disease at once, and even prolong life almost indefinitely, this prince of empirics died after a few hours' illness, in the forty-eighth year of his age, at Salzburg in Bavaria, with a bottle of his panacea in his pocket.

it. Reasoning was not only in vain, but worse than in vain. The wonder grew—it was not put down. Quackery never yet was *killed*—it always *dies a natural death*, and so did the quackery of St. John Long. After running the gauntlet amidst the heavy blows of wise and powerful enemies, and coming forth unharmed at every heat, it at length laid itself down, and died the most quiet death imaginable. It fell asleep; and this is the end of all quackery.

Who has not heard of Perkins' Tractors? The inventor, Doctor Elisha Perkins, was born in the town where the author resides. He was the son of a physician, who was for forty years in extensive practice, and was himself, for some time a respectable physician in the town of Plainfield in this State. He was undoubtedly an honest man. He duped others, it is true, but he duped himself, too. He was a deluded enthusiast, and died a victim to his enthusiasm only three years after he published to the world his grand 'discovery.' He had conceived the idea that a free use of salt as an antiseptic would cure the yellow fever. He therefore went to New York in the year 1799, when this disease was raging, and, full of confidence in his mode of practice, offered his services most generously to the poor as well as the rich. At the end of four weeks he himself caught the fever, and being exhausted by his labors he survived but four days after his attack.

The promulgation of Dr. Perkins' 'discovery,' which occurred in 1796, was preceded, it is said, by a long series of experiments, which were suggested by the supposition, that metallic substances might remove disease by some electrical or galvanic power. The Tractors, which were the final result of these experiments, are two pieces of metal about three inches long, blunt at one end, and running to a point at the other. One of them appears to be brass, and

the other steel, but what their real composition is, is not known, as the invention was patented.

The fame of the Tractors spread with unaccountable rapidity, and marvelous cures were everywhere reported. Certificates came in from all quarters, and from all kinds of dignitaries. Not only captains, and colonels, and generals, and 'squires sounded the praises of the Tractors, but clergymen and senators and doctors and professors. And their fame was not confined to this country. Benjamin Douglass Perkins, a son of the inventor, went to London to obtain the patronage of the British public for the Tractors. Great cures were forthwith effected all over the kingdom, of which there were multitudes of certificates from the wise and good, and, what is better, from the titled and wealthy. Similar cures were also reported from other countries in Europe, especially from Denmark.

To prove that imagination had nothing to do with these results, there were related many instances of cure in infants and in horses. It was found by some sage observer that, though horses could be cured by the Tractors, they had no influence at all upon sheep. He supposes that this is owing to the unctuous matter in the wool, and he remarks that "even pomatum, it is well ascertained, prevents the Tractors from relieving pains in that part of the head over which the pomatum is used." A lame crow, supposed to have the cramp, was operated upon so successfully by the Tractors, that though he had not been able to put his foot to the ground for a week, he walked perfectly well the next morning after the application.*

* At one time live toads were a popular remedy for hemorrhage, tied behind the ears, or under the arm pits, or to the soles of the feet. It was supposed by some that the effect was altogether mental. But, as in the case of the Tractors, it was contended that this could not be so, because

The multitude of cases which were collected from every quarter were occasionally published. I have in my possession a volume of nearly two hundred pages published in London, containing a great number of these cases. The testimony is of the most decisive character. Pain was relieved in a trice by a few strokes of the Tractors; inflammations were drawn out; swellings were dispersed, and, in some cases, with such rapidity that they were *seen* to lessen during the application; rheumatism, which had baffled the best medical skill was removed; the paralytic was made to walk—such were the reports which were constantly put forth.

The success of the Tractors was attested not only by multitudes of wealthy and titled and learned men, but even by many of the medical profession; and selfish motives were unhesitatingly attributed to all physicians who were unbelievers. A physician, who was of sufficient respectability to be a president of a medical society, said of such unbelievers, that "like *infidels* to the gospel, they admit of no mysteries, and refuse to believe what they do not readily comprehend." Dr. Haygarth, an eminent physician of Bath, and some others, drew down a storm of public wrath upon their heads, because they asserted that a pair of wooden Tractors, painted so as to resemble the real metallic ones, had produced in their hands as marked effects as those which were purchased of Mr. Benjamin Douglass Perkins, at five guineas a pair. So strong was the hold which 'the

the same effect was produced upon animals. Michael Mercatus asserts that "if you hang the toad round a cock's neck for a day or so, you may then cut off his head, and *the neck will not bleed a single drop.*" One cannot help being reminded by this of the experiments with the *Brocchieri water* a year or two since upon animals, which, though reported as perfectly successful, have not saved this remedy from going to the tomb of the Capulets, to which all its predecessors have gone before it.

new science of Perkinism,' as it was called, had obtained upon the public favor, that the son of the inventor of the Tractors was spoken of as being most unjustly persecuted by a large proportion of the medical profession; and his name was often associated with those of Galileo and Harvey and Jenner, who, it was said, had suffered like persecution before him, from the stereotyped hatred of everything that is new.

The efficacy of the Tractors was almost universally acknowledged; and the only difficulty seemed to be to account for their operation. Many ingenious electrical and galvanic theories were broached by learned men in England and in other countries. Perkinism, as it was called by acclamation, was hailed as one of the greatest of discoveries, and it was supposed to form a new era in medicine. The Tractors were sold in abundance at five guineas a pair. That the poor might be benefitted equally with the rich, the liberality of the British public was appealed to and not in vain. A 'Perkinean Institution' was formed under the patronage of the first men in the kingdom. Lord Rivers was president, and there is a long list of titled vice presidents.

A pamphlet, giving an account of this institution was published, of which I have a copy. The regulations were evidently based upon the idea that it was to be a permanent establishment. One of them prescribes that a donation of ten guineas constitute a governor for *life*. As many ladies were very enthusiastic patrons of the Tractors, as they are now of infinitesimal globules, one of the regulations was, that "ladies have liberty to vote by proxy, given to any governor of the institution, or by letter to the chairman."

In this account it is stated that the published cases of cures by the Tractors up to March, 1802, amounted to about

five thousand. "Supposing," the author goes on to say, "that not more that one cure in three hundred, which the Tractors have performed has been published, and the proportion is probably much greater, it will be seen that the number, to March, 1802, will have exceeded one million five hundred thousand. It is believed that no medical remedy ever yet discovered has been supported by so many well-authenticated and important cures, performed in so short a time."

And now, I ask, where is the Perkinean Institution, with its troop of governors for life, and where is the Perkinean practice, with its list of five thousand published cures? The institution expired while the governors for life were almost to a man in the land of the living; and in less than ten years after the summing up of the five thousand cures, Perkinism was only thought of as a thing that was past, and the far-famed Tractors were almost forgotten.

And what became of Benjamin Douglass Perkins, who suffered for the cause of science and humanity such persecution as Galileo and Harvey and Jenner suffered before him? He returned to his native land with ten thousand pounds of John Bull's money, as a reward of his patient endurance of persecution, and his active benevolence!

I might extend this notice of names which have been famous in the history of quackery, but it is not necessary. Those which I have noticed will answer as illustrations of the mode in which medical delusions obtain their hold upon the public mind, and of the facility with which each in its turn is supplanted by some other. The essential materials of quackery, as I remarked in the Preface, have been the same in all ages; and its history would be only a description of the endless forms into which these materials have been moulded. Great as is the variety in the series of

phantasmagoria with which quackery has excited the wonder of the world, they have all been produced upon the same canvas, and by the same old magic lantern.

And busy and multiform as quackery has been, and lofty as have been its claims, I know not that it has ever made a *single discovery in medicine.* It may possibly have *stumbled* upon some discovery, but I am not aware that it has done even this. On the other hand, all the discoveries which have been made in the medical art, so far as I know, have been the results of a truly scientific observation, and fairly belong to that 'regular' profession, which so many consider as being opposed to everything which is new.

CHAPTER V.

THOMPSONISM.

THOMPSONISM, or Thomsonianism, as it is more often called, or written, is a system of quackery, which, though it is evidently declining in public favor, is still so prominent, that it seems to merit a separate notice.

The principles of this system shall be stated in the language of its founder.

"My system of practice is founded upon these few, simple, and I think, just principles.

1st. That the constitutions of all mankind are essentially alike, and differ only in the different temper of the same materials of which they are composed. The materials, of which all men are formed, may be resolved into the four elements. Earth and water constitute the solids of the body, which is made active by air and fire. And this last element in a peculiar manner gives life and motion to the rest; and when entirely overpowered, from whatever cause, by the other elements, death ensues.

2d. That the construction and organization of the human frame is in all men essentially the same. They have similar solids and fluids, viz., bones, cartilages, tendons, nerves, muscles, veins, arteries, flesh, blood, and other juices, body and parts, or members.

3d. That all are sustained in a manner as similar as their formation, from the earth, the common mother of us all. Of the elements man is made, and by the same elements he is supported.

4th. That a state of perfect health arises from a due balance or temperature of these elements. But when it is by any means destroyed, the body is more or less disordered. And when this is the case, there is always an actual diminution or absence of the element, fire or heat, and in proportion to this diminution or absence, the body is affected with its opposite, cold. The former may be denominated nature itself, the best physician of the body, the latter its enemy; the first is the health and life of the body; the last its disease and death.

5th. That all diseases, however various the symptoms, and different the names by which they are called, arise directly from obstructed perspiration. The many evils derived from hence, must be obvious, when it is considered that the discharge from the body thereby is greater than by all the other evacuations combined. Obstructed perspiration may be produced from a great variety of effects which produce the same cause, originating from cold.

Now as all men have similar constitutions, being formed of the same materials differently tempered; as their construction and organization essentially agree; as they are all sustained from the same elements which form their composition; as a just balance or temperature of these elements produces a state of health, and the reverse destroys it; as all disease takes its immediate rise from obstructed perspiration in a greater or less degree; and as this is an effect universally produced, it is evident that those medicines which are most agreeable to nature, and efficacious in removing obstructions, and the evils thereby produced, and

restoring the perfect equilibrium, activity and energy of the system, must be the best, and universally applicable.

I shall now describe the fuel which continues the *fire* or *life* of man. This is contained in two things—*food* and *medicine*, which are in harmony with each other, often grow in the same field, and are created to be used by the same people. People who are capable of raising their food and preparing the same, may as easily learn to collect and prepare their own medicine, and administer the same when it is needed. Our life depends on heat; food is the fuel that kindles and continues that heat. The digestive powers being correct causes the food to consume; this continues the warmth of the body, by continually supporting the fire.

The stomach is the *deposit* from which the whole body is supported. The heat is kindled in the stomach by its consuming the food; and all the body and limbs receive their proportion of nourishment and heat from that source; as the whole room is warmed by the fire which is consumed in the fire-place. The greater the quantity of wood consumed in the fire-place, the greater the heat in the whole room. So in the body; the more food *well digested*, the more heat and support through the whole man. But by constantly receiving food into the stomach, which is sometimes not suitable for the best nourishment, the stomach becomes foul, so that the food is not well digested. This causes the body to lose its heat; then the appetite fails; the bones ache, and the man is sick in every part of the whole frame.

This situation of the body shows the need of *medicine*, and the *kind* needed; which is such as will clear the *stomach* and *bowels*, and restore the *digestive organs*. When this is done, the food will raise the heat again and nourish the whole man. All the art required to do this is to know

what *medicine* will do it, and how to administer it, as a person knows how to clear a stove and the pipe when clogged with soot, that the fire may burn free, and the whole room be warmed as before.

The medicines best calculated to have the desired effect are such as will raise and retain the vital heat of the system, remove obstructions, promote perspiration, clear off the canker, and restore the digestive powers. These can only be found in vegetable substances; and there can enough be found in all countries to answer every purpose needed. I have devoted the greatest part of my life to ascertain those articles that are best to answer the above purposes; and these may be found in my Book of Practice, properly classed under the heads of the different numbers, with directions for preparing and administering them in curing all cases of disease, which has been secured to me by patent. Family rights will be sold, and the *necessary information given* to enable those who purchase to practice with safety and success, by application to me or any of my agents duly authorized."

Such is the statement of the *principles* of Thompson's theory. The *principle* contained in the last sentence, touching the sale of family rights, was the favorite one, the *golden* one in his eyes, and he fought for it manfully. He made no blunder in putting this among the *principles* of his *practice.*

Appended to this 'statement' are some 'Remarks on Fevers,' which it is not necessary to copy entire.

"No person," says Dr. Thompson, "ever yet died of a fever! for as death approaches, the patient grows cold, until in death the last spark is extinguished. This the learned doctors cannot deny; and as this is true, they ought in justice to acknowledge that their whole train of depletive rem-

edies, such as bleeding, blistering, physicking, starving, with all their refrigeratives; their opium, mercury, arsenic, antimony, nitre, &c., are so many deadly engines combined with the disease, against the constitution and life of the patient. If cold, which is the commonly received opinion, (and which is true,) is the cause of fever, to repeatedly bleed the patient, and administer mercury, opium, nitre, and other refrigerants, to restore him to health, is, as though a man should, to increase a fire in his room, throw a part of it out of the house, and to increase the remainder, put on water, snow and ice!"

And again—"There is no more difference in all cases of fever than what is caused by the different degrees of cold, or loss of inward heat, which are two adverse parties in one body contending for power. If the heat gains the victory, the cold will be disinherited, and health will be restored; but on the other hand, if cold gains the ascendancy, heat will be dispossessed of its empire, and death will follow of course.

"The higher the fever runs, the sooner will the cold be subdued; and if you contend against the heat, the longer will be the run of the fever, and when extinguished, death follows."

When a patient dies of fever, Thompson says, "the question whether the heat or the cold killed the patient is easily decided, for that power which bears rule in the body after death, is what killed the patient, which is cold—as much as that which bears rule when he is alive, is heat."

Again he says, "At the commencement of a fever, by direct and proper application of suitable medicine, it can be easily and speedily removed. Twenty-four, or forty-eight hours, to the extent, are sufficient, and often short of that time, the fever may be removed."

Now see how confident this bold reformer is in the truth of these assertions. "These declarations," says he, "are true, and have been often proved, and can be again, to the satisfaction of every candid person AT THE HAZARD OF ANY FORFEITURE THE FACULTY MAY CHALLENGE."

I haye but a remark or two to make upon this theory of Dr. Thompsqn.

It is rather a rude and unscientific theory. There is a trifling mistake in calling such *compounds* as earth, air, water and fire *elements*. Still, as a theory, it is quite as rational as most of the theories spun from the more refined brains of some of Thompson's enemies, the 'regulars,' as they are styled by his erudite followers; and I may say too that it is quite as good a guide in actual practice. But this point I shall speak of in another place.

Thompson makes great account of 'obstructed perspiration' in his theory. 'All diseases,' he says, 'arise directly' from it. It is difficult to conceive what he does in his theory with the cold *sweat* of death; with the *sweating* sickness, as it was called, once so extensively prevalent and so fatal; with the colliquative *sweat*, always so bad a symptom in disease, though there may be heat enough with it to satisfy the most *ardent* Thompsonian; or with the *sweat* of rheumatism, so unapt to bring relief to the disease. In all these cases, there is certainly *un*obstructed perspiration, and yet it does not remedy the disease, as it should do, according to the Thompsonian theory.

While he considers fire or heat as life, he thinks that the 'obstructed perspiration' always 'originates from *cold*,' which he seems to personify as a sort of master spirit, producing all disease—it is the 'legion,' which his medicines, and his alone, are fitted to overcome and dispossess With him, heat and cold are the two combatants that fight

in the battle of disease. And while the doctors, he says, 'assist the cold to kill the patient,' under his practice, 'the heat gains the victory, the cold is disinherited, and health is restored.'

The fact, that the 'obstructed perspiration' is often made free by cooling medicines, or by the direct application of cold to the skin, and thus, disease is relieved, (a fact which is as well known to common observers, as it is to 'doctors,' and which is directly in the face of his theory,) I suppose he flatly denies, as he asserts in regard to fever, that 'if you contend against the heat, the longer will be the run of the fever, and when extinguished, death follows.'

It is rather difficult for the unskilled mind of a 'regular' to reconcile with the 'simple and plain theory' of Thompson, these facts—that persons sometimes die with a great degree of heat upon them—that heat sometimes remains in the body for a long time after death—that in the cholera there is occasionally found after death a great amount of heat, though the patient's body was very cold for many hours before death, &c. I once asked a Thompsonian the reason of this last fact. 'Why,' said he, 'that is plain enough—the disease was so powerful it kept down the heat, but when the patient died, the disease let go, and then the heat came out.' The answer was at least ingenious. But Thompson says, 'if the heat gains the victory, the cold will be disinherited, and health will be restored.' The warm corpse of the cholera patient ought, therefore, to have revived.

It is asserted by the followers of Thompson, that there is no need of 'learned doctors.' They declare that 'the whole theory and practice, is perfectly plain and simple, requiring no study of the dead languages to comprehend it, thereby enabling any person of common capacity to practice with

a certainty of success, in all ordinary cases of disease, and this too with but a few hours instruction.' And, Thompson himself speaks of the art of medicine, as being as plain and as easy, as the clearing of 'a stove and the pipe, when clogged with soot.'

The Thompsonian system dispenses with the services of 'learned doctors,' for another reason also. It claims that, while other medicines invariably injure the system, the Thompsonian remedies always benefit it, both in sickness and in health. No matter how much they are used, nor at what times—they always do good, for they have, it is claimed, a natural relation to the system. Many Thompsonians carry this idea still farther than this. A prominent physician of this class, one sufficiently orthodox and accomplished to be for a long time an editor of one of their papers, attributed a sort of selecting power to lobelia. He said, that it would never bring up anything that it ought not to bring up, and that if a man with a foul stomach, should eat a good dinner, and then take lobelia, nothing but the bad matter would be thrown off, and the dinner would stay there to nourish the system.

Such views as these, being prevalent among Thompsonians, both in regard to education and to the administration of medicine, it is not strange that Thompsonian practitioners should be a very ignorant set of men. In the remarks, which their special hatred for mineral medicines, leads them to make, they sometimes confound mineral and vegetable substances together. A Thompsonian of some considerable note, finding that a patient was applying hot camphor cloths to her side to relieve pain, said with an air of authority, 'away with your camphor — none of your *minerals* where I am.'—'What *shall* we put on doctor?' asked a bye-stander. 'A hot bag of salt,' said he. What *vegetable*

mine the salt came from I did not learn. So too, a Thompsonian lecturer told his hearers, that he disapproved of *all* mineral medicines, such as mercury, *opium*, arsenic, &c.

We occasionally hear some singular reasoning from Thompsonians in regard to the *modus operandi* of medicines. Though this is confessedly a very difficult subject, they claim to know all about it, and give their opinions in regard to it without any hesitation. A patient once told me that, among the many physicians of whom she had suffered many things was a Thompsonian of considerable celebrity. He assured her that he could effect a cure in a very short time. He began his treatment with the process of steaming. Some heated bricks wrapped in wet flannel were placed around her in bed. Presently some one asked 'what is it that smells so?'—'O' said the doctor, 'it is the smell of the disease coming out through the pores—things are working nicely—this is just as I want to have it. Disease very often comes out in this way, through the pores, and sometimes I have known the smell to be so strong, that you could hardly stay in the room.' As he went on to give his clinical lecture on 'disease coming out through the pores,' the smell grew worse and worse, as if to give emphasis to his remarks. But at length some one suggested that it was a little like the smell of burnt flannel, and on examination, it was found that one of the bricks had scorched the flannel which was around it. She at once told the doctor, that she had no farther use for his services, for if he did not know enough to distinguish between the smell of 'disease coming out through the pores,' and the smell of burnt flannel, he did not know enough to doctor her.

This system of quackery has obtained a large share of its popularity, by the appeal which it has made to two forms of popular sentiment, which have been for some time pecu-

liarly prevalent. I refer to the sentiment of *radicalism*, and to the prejudice against *mineral* medicines.

As it has been fashionable in the world of business and politics, to denounce moneyed corporations, as being monopolies, so that system of institutions, or corporations (as they may be termed,) by which a well educated medical profession is secured to the community, has also been denounced and attacked by this same spirit of radicalism. Thompsonism has been one of the principal channels through which this attack has been made. The followers of Thompson have always spoken of the medical faculty as a privileged order, which must be overthrown, and down with 'regularism' has been the chief motto on their banner of 'reform.' All this, however, comes with an ill grace from them, for the 'venerated founder' of their system began his career with as sheer a monopoly as ever existed—a patent securing to him the power of selling rights for twenty dollars each, to every family; and the last days of this 'reformer' were embittered by a quarrel on this point, with some of his agents. And, besides this, his followers have adopted the very 'regularism' for which they have professed to have so holy an abhorrence. It is Thompsonian 'regularism' it is true, but nevertheless it *is* 'regularism.' Like the 'regulars,' against whom they have waged such an uncompromising war, they have now in Connecticut, and I suppose in other states also, their State Society, and their board of Censors for the examination of candidates; and they put the badge of 'regularism' upon these candidates, by giving them a 'regular' diploma. The truth is, that they found that so many of the class who are too lazy to work were coming from the workshop and the field, dubbing themselves at once Thompsonian physicians, that the business was getting to be overdone. Hence the necessity

of some restrictions. And it is *restrictions* which constitute the 'regularism,' the 'monopoly,' against which they have always declaimed.

Thompsonians have made much use of the popular prejudice against *mineral* medicines. This prejudice has arisen in part from the evils which have been seen to result from the *abuse* of calomel. This remedy is so effectual an one in many diseases, that it has been used more freely, and with less caution, than it should be; and disastrous effects have sometimes followed this abuse of it. But the same reasoning which prohibits the cautious use of this article, on account of the results which come from its incautious use, would prohibit the use of horses, fire, steam, &c., because, through carelessness and want of skill, horses run away, conflagrations take place, and steam boilers burst. Still this groundless reasoning is applied by a large portion of the community to this remedy. And this prejudice against calomel has been extended to mineral medicines generally. So extensive is this prejudice, that the quack of every name is sure to appeal to it, and he, therefore, puts in his advertisement, the assurance that his medicine is 'entirely vegetable,' as a necessary passport to public favor. Many physicians, too, disgracefully yield to the prejudice of the people in this respect. They pretend to give no calomel, or almost none of it; and yet, such physicians generally give more of this article, than those who pursue an open and manly course on this subject.

In the clamor which has been raised against 'mineral doctors' Thompsonians have been among the loudest. They uniformly speak of minerals, as if they were deleterious *because* they are minerals. Their chemistry, which, as you have seen, recognizes the existence of only four elements, has not, I suppose, taught them, that their own

bodies are partly composed of minerals, that there is lime in the bones, and iron in the blood, that minerals exist in many articles of food, that their good wives sometimes put a mineral of even deadly power into the bread which they eat, and that they daily use as a condiment one of these same luckless minerals. They speak of 'mineral doctors' as the poisoners of the race, while they claim so perfect a safety in the use of their *vegetable* remedies, that no carelessness or want of skill can make them produce any bad results.

There seems to be a quite a general impression abroad in the community, that there is a *harmlessness* in vegetable remedies that does not attach to mineral medicines, and that their effects are of a *less abiding* character. Nothing can be more untrue. Let us look for a moment at these two points.

First, as to the supposed harmlessness of vegetable medicines. The most active mineral medicines are arsenic and corrosive sublimate. But arsenic taken in large quantity never produces death in a shorter time than five to ten hours, and a large dose of corrosive sublimate destroys life ordinarily in from twenty-four to thirty-six hours. But among vegetable substances, oxalic acid, found in the common wood sorrel, has destroyed life in ten minutes, and prussic acid, which is the bitter principle in wild cherry, bitter almonds, peach blossoms, &c., in the dose only of a few drops, destroys life instantly. Comparisons might be made still further, showing that the most deadly and expeditious poisons are vegetable.

Let us look now at the comparative *duration* of the results of vegetable and mineral medicines.

Much is said, especially by Thompsonians, about calomel's staying in the system, and all the bodily ills of a life-time

are often attributed to this cause without any hesitation. Whether these wise ones have ever applied their rude chemistry to the detection of calomel in such cases I have not learned. But there it is, *for they say so.* It is in the very bones! Though no intelligent persons believe in such nonsense as this, yet the general notion that the effects of mineral, in comparison with vegetable agents, are peculiarly abiding, is not confined to the ignorant and unthinking.

Leaving out of view the direct corrosive effects upon the living texture of the concentrated acids, I may remark of poisons, whether mineral or vegetable, that they produce either morbid *impressions* upon the system through the nerves with which they come in contact, or local *irritations*, which may result in inflammation. These impressions or irritations may abide, or they may be partially or wholly removed. The fact that they are produced by a mineral is no more apt to make them abide, than the fact that they are produced by a vegetable. We should expect this to be true, and experience has shown that it is. For example the irritation produced by elaterium (wild cucumber) or croton oil, or any vegetable cathartic of a drastic nature, is as lasting as if it had been caused by any mineral poison.

I trust that it is obvious to the reader from the above statements, that they commit a great error, who suppose that the fact, that a remedy is composed entirely of vegetable substances, is a sure proof that it is innocuous, and that it can be used freely without any discrimination. And yet it is a very prevalent error, to which many lives are constantly sacrificed, to say nothing of the multitudes of cases, in which, though death does not occur, injury is inflicted in various degrees upon the system. A single example will suffice. A case is detailed in the Boston Medical Magazine of a female, who had a medicine ad-

ministered by a botanic empiric, which was composed in part of elaterium. Her life was destroyed in thirty-six hours by this *vegetable* remedy given her by this denouncer of 'mineral poisons' and 'mineral doctors!'

Lobelia, it is claimed by the Thompsonians, is not a poison. I have often heard them say that there was no danger from it, taken at any time and in any quantity. Some have so said under oath. The vulgar name by which this article has always been known, Indian Tobacco, given to it from the similiarity of its effects to those of common tobacco, show what its character is by general acknowledgment. Thompsonians however assert that it is not a narcotic; but every physician, who has had Thompsonian quacks in his neighborhood has occasionally witnessed effects ordinarily considered narcotic, produced by this remedy. These effects, it is proper to remark, do not commonly appear to any great amount, because vomiting occurs so soon, and the medicine is thrown off with the contents of the stomach. But when an ineffectual retching occurs instead of free vomiting, and dose after dose is given, narcosis is certain to supervene in a considerable degree, and sometimes it proves fatal. This is especially apt to take place, when the system from any cause is already in a very depressed state. Several trials have occurred of Thompsonian practitioners charged with killing their patients under such circumstances. Two cases are reported in Guy's Forensic Medicine, in which the accused were found guilty by the jury, and the penalty of the law was inflicted.

The idea of Thompsonians and of some others in regard to poisons is this—that there are some medicines which always do harm, and these are poisons; while there are some other medicines which always do good, and these are

not poisons. The medicines used by the 'regulars' Thompsonians consider as belonging to the first class, especially their *mineral* remedies; while the vegetable medicines, which they use in their practice, they claim to be of the latter class.

Let us look at the true meaning of the word poison. Webster's definition of it is a correct one. He says it is 'a substance, which, when taken into the stomach, mixed with the blood, or applied to the skin or flesh, proves fatal or deleterious.'

This definition has no reference to the time or the quantity required to produce the effect. There is a wide difference in both these respects between different poisons. Some are slow, and some rapid in their operation. Some, as for example opium, arsenic, and prussic acid, act as poisons in small amounts; while comparatively large quantities of such articles as lobelia, saltpetre, and salæratus, are required to produce 'deleterious,' and especially 'fatal' effects; and yet lobelia, saltpetre and salæratus are as truly poisons as are opium, arsenic and prussic acid.

It may be remarked also that this definition has reference only to the *usual* effects of substances; and not to any occasional effects which may be owing to circumstances. If, for example, any substance produce a bad effect simply from the influence of any constitutional peculiarity, or some temporary condition of the system, it is not to be called a poison. The term poison is used often in relation to the effects of substances in such cases, but it is only in a *relative* sense. Anything may be a poison in this sense. Anything which is inappropriate to any case will produce a 'deleterious' influence upon it, and is therefore a poison to it. Food may thus be for the time being a poison to the sick man, as really as a noxious drug. Indeed a noxious

drug may be to him a cure, while in the same quantity it would be perhaps even a fatal poison to him if he were well. Thus a man sick with spasmodic colic is relieved by opium, which is a noxious drug to a well man; and perhaps, in order to produce the relief, he requires as much as would kill him if he were in a state of health.

The word poison carries terror to most minds, and it has therefore been one of the watchwords of Thompsonians and other quacks, in their warfare upon the medical profession. And yet, while they are raising this ridiculous outcry, they themselves, as I have before said, daily use poisons, even mineral poisons, as common articles of food. Salæratus, cream of tartar, and even common salt,* are poisons, for when taken in large quantities, they prove 'deleterious,' in some cases 'fatal,' and therefore come within the terms of the definition.

I have said thus much of the popular prejudice on the subject of poisons, and the use which Thompsonians and other quacks have made of it, because there is so general a misapprehension in regard to these points abroad in the community.

I cannot conclude this chapter without noticing the changes which have taken place in the sentiments and practice of Thompsonians within the last few years. These changes have been quite material. I have already alluded to some of them.

Thompsonians formerly denied the necessity of education in the practitioner. But now the candidates for admission to Thompsonian practice must study, and must submit to an examination before a board of Censors And though Thompsonians have from the first denounced the

* Guy, in his Forensic Medicine, states that common salt taken in a large quantity has destroyed life, with symptoms of irritant poisoning.

medical faculty, and their institutions, they have now a medical faculty of their own, and have organized state societies.

Thompsonians are not now so bold and reckless in their practice as they once were. In the infancy of this practice every sick man, whatever might be his disease, or his state at the time, was subjected to what was called "the operation,"—that is, steaming and vomiting with lobelia. But so many died during the "operation," or immediately after it, that Thompsonian doctors have learned to be more cautious.

Cathartics used to be utterly discarded by Thompsonians, but now they are quite extensively used. Indeed they have widened their range of remedies generally. Once lobelia and steam and red pepper were nearly all in all. But now they are making out a very considerable materia medica. At the same time they are dropping the names Thompsonian Physician and Thompsonian Practice, and adopting instead of them Botanic Physician and Botanic Practice.

Once no Thompsonian doctor would practice vaccination, because as he contended, it was better to have even small pox, under the guidance of Thompsonian treatment, than it was to run the risk of getting 'humors' from the vaccine virus. But finding that their employers would have their children vaccinated, even though they were obliged to get the 'mineral doctors' to do it, some of them have gone into the business themselves.

Such are some of the changes which have come over Thompsonism, giving it a very different character from that which it exhibited when it first came in its stern simplicity from the rude hand of its founder. Its popularity is already declining, and it will probably soon pass away, to give place to some other kindred delusion.

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CHAPTER VI.

HOMŒOPATHY.*

Samuel Hahneman, the founder of the system of practice called by this name, was born at Messein in Saxony in the year 1755. At the age of twenty he went to Leipsic, to obtain his education, with but twenty ducats in his pocket. While he was going through with his course of education, he supported himself chiefly by translating English works on medicine. He professed to be dissatisfied with the common modes of medical practice, and after he took his degree, instead of becoming at once a practitioner of medicine, he preferred to gain his livelihood by translating books, and by contributing to various scientific journals in Germany.

* It may be proper to state at the outset, that the author has himself suffered no encroachments from Homœopathy, and so has no personal feelings to gratify in attacking it. It has not seemed to find, for some reason, a congenial soil among the hills and rocks of Norwich. Two Homœopathic physicians, (one of them a man of good education, and with favorable adventitious circumstances) have tried to get a foothold among us, but have failed. The author has many friends and acquaintances who are inclined to Homœopathy, some of whom have their little boxes of medicines, and swallow globules, and administer them to others. He is, however, on the best possible terms with them; and Homœopathy is, in his intercourse with them, more a subject for agreeable pleasantry, than for warm or even grave discussion.

It was in the year 1790 that he first broached the idea, which is the great principle of the Homœopathic system, and which he soon dreamed was to overturn and dispossess all other medical practice. He viewed himself as a great reformer, as the founder of a system, and he was soon ready to proclaim to the world, that his was the 'great gift of God to man.' Discarding all the past experience of ages as useless, with his mind filled with bright visions of his future greatness, he was ready to say with Paracelsus, 'the monarchy of physic is mine.' In 1796 he published his first paper on the subject of Homœopathy, in 1805 his first work, in 1810 his famous Organon, and the next year his Materia Medica. He died in Paris at an advanced age, only a few years since, having lived to see his system adopted very extensively all over Europe.

It will not be necessary to spread before the reader the principles of his system in his own language. There is in his statement of them considerable verbiage, which has quite a learned air, but which would be unintelligible to the common reader. The essential principles of his system are but two in number, when the mass of words comes to be sifted by a little plain common sense.

The great principle, which lies at the foundation of this system, and which has given it its name, is found in the Latin aphorism, '*Similia similibus curantur.* This is in homely English, Like things are cured by like. In other words, a disease is cured by remedies which produce upon a healthy person symptoms similar to those presented by that disease. Thus vomiting is to be cured by a nauseant, diarrhœa by a laxative, &c. Hahneman does not pretend that this is a newly-discovered principle, but says that it has been acted upon from time immemorial. Of this fact the following examples are given. Senna has been used for

colic; rhubarb for diarrhœa; thorn apple for insanity; the sweating sickness has been treated by sudorifics, frozen limbs by rubbing in snow, and burns by putting them to the fire and by stimulating ointments. So Shakspeare alludes to the same fact;

> "Tut, man! one fire burns out another's burning,
> One pain is lessened by another's anguish;
> Turn giddy and be holp by backward turning;
> One desperate grief cures with another's languish;
> Take thou some new infection to thine eye,
> And the rank poison of the old will die."

So also the common proverb 'cure your bite with the hair of the same dog' has reference to the same principle.

All that Hahneman claims is, that he has taken this principle, thus occasionally recognized, and demonstrated its applicability to the whole range of disease, and made it the basis of a system of practice.

Hahneman says that there can be but three relations of remedies to diseases—heterogeneity, opposition, and resemblance; hence severally, the Allopathic, Antipathic, and Homœopathic systems of practice.

The Allopathic mode—that which treats diseases by creating another disease—he says, "cannot cure in any case; having no analogy, or opposing force to the symptoms of the disease, it can never reach the parts affected: it may suspend the symptoms for a time by heterogeneous suffering, but it cannot destroy them."

"Antipathic treatment is merely palliative. When the action produced by the remedy employed, and which may seem to effect a neutralization of the symptoms, or even a cure, ceases, the reverse process immediately takes place—not only shall the primitive malady return, but come it will

with aggravated symptoms, and in proportion to the doses administered."

"The Homœopathic is the only one which experience proves to be always salutary. The pure and specific effects of the remedies employed being perfectly analogous to the natural symptoms, they go right to the parts affected; and as two similar diseases cannot exist at the same time in the same system, the natural symptoms give way, provided the artificial ones slightly surpass them in intensity."

The allopathic mode, he claims, is the mode of treating disease in common vogue, and his followers call physicians generally by the name of allopaths. Now we have no objection to the name which they assume to themselves, but we do object to their giving inappropriate names to their neighbors. The title of Allopath, thus impudently bestowed upon us by Homœopathists, is not a correct title. The treatment of disease by physicians of the old school, as they are termed, is not characterized by any predominance of the allopathic principle. They do not ordinarily attempt to cure a disease by creating another. They do sometimes indeed make use of this principle. As good an example of it as can be given is to be found in the application of a blister to relieve internal inflammation. Here a new disease is produced, upon a part which is able to bear it without injury, in order to cure the disease in the internal organ. And no fact is better established, as my readers will all allow, than that disease is sometimes thus cured, although Hahneman says "*Allopathic* treatment cannot cure in any case.

What Hahneman terms the antipathic mode is much used by physicians. I mention as an example the treatment of spasmodic colic by opium. This antipathic remedy in almost all cases cures this malady, though Hahneman

says the "antipathic treatment is merely palliative" and never cures.

In regard to many of the remedies which cure disease, it may be said, that we know not in what manner they do it. As an example I will refer to cinchona, and quinine, the essential principle of cinchona, in curing intermittent fever. The fact that they will cure it in most cases is as well established as any fact in medicine, but *how* they do it no one knows. Many explanations have been ventured, but they are mere conjectures. Hahneman asserts, that cinchona and quinine cure intermittent fever on the homœopathic principle, because, as he declares, he has found, that these articles produce on persons in health symptoms similar to those of this disease. His experience, however, does not correspond with that of others, who are more competent to observe correctly, than one who looks at everything through the distorting medium of a favorite theory. Cinchona and quinine have been given to many persons in health, both in large and in small doses, in order to test the truth of Hahneman's alleged experience, and no such results as he describes have followed. They seem to be singularly confined to Homœopathists.

We see occasionally, but *only occasionally*, effects from agents in the treatment of disease which seem to have their explanation in the principle, that one disease is cured by temporarily creating another similar to it. Hahneman fixed his eye upon these few facts, his mind became filled with the *one idea* which he there saw, and he was soon blind to everything else. Losing thus his mental equilibrium, he became an errorist precisely in the same way that thousands have done before him.

The second great principle of Homœopathy is, that a

peculiar power, a 'dynamic power,'* as Hahneman calls it, is communicated to medicinal substances by minute division, with agitation and trituration. This Hahneman considers as his grand discovery. This was wholly an original idea with him, and if it be a really discovered *fact* that a peculiar power is thus given to medicines, the credit belongs to him, and to him alone.

The minuteness of the subdivision prescribed by Hahneman is extreme. He does not talk of doses so large as the millionth part of a grain—this would be horribly disastrous. A hundred millionth of a grain is quite a formidable dose. A decillionth is the common dose, and this numeral is expressed, after the old method of enumeration, by an unit with a string of *sixty* cyphers. If we suppose the population of the earth to amount to a thousand millions, a grain, if taken in the dose of a decillionth of a grain, would supply every inhabitant of the earth with a septillion of doses. And if each one should take three decillionths of a grain a day, the present inhabitants of the earth would require very nearly a sextillion of years to use up the whole grain.

A Dr. Dufresne reports a case in the Bibliotheque Homœopathique, in which he unfortunately administered an over dose, the *one hundred millionth* of a grain of strychnine, a medicine which physicians ordinarily give in the dose of a fifteenth or tenth part of a grain. It was a case of neural-

* Dynamic is a word of Greek derivation, meaning simply powerful. Hahneman's '*dynamic* power' then, learned as it sounds to vulgar ears, in plain English, is powerful power. It reminds me of a patient, who in her fondness for expletives always spoke of her weakness as a *debilitated* weakness.

Hahneman seems to have been fond of words derived from the Greek, and those, too, of no Homœopathic size. Hence such words as Allopath, Homœopath, Heterogeneity, Pharmaco-dynamics, &c.

gia. He does not say at what time he gave this over dose of a hundred millionth of a grain. But after taking it he says, "the patient was seized with a paroxysm of the neuralgia in the night about an hour earlier than the regular period of its attack. The usual symptoms were experienced, but it was remarkable that they occurred in an inverse order, attacking those parts last that were attacked first before. *The dose was much too strong.* Madame B. was like a mad woman all night; the racking pains seized her whole head, and her face was swollen and burning hot." But it seems that after all, this over dose cured Madame B., for "there was but one slight accession of the complaint afterwards: the lady has ever since been perfectly well." Dr. Dufresne adds that he should never again be guilty of such overdosing, but that had he to treat Madame B's. malady over again, he should give a decillionth of a drop of the alcoholic tincture.

Hahneman and his followers do not talk of these exceedingly small doses in regard to powerful medicines only, but also in regard to medicines considered almost inert. Nothing is more common with Homœopathists than to give a decillionth or two of a grain of charcoal or oystershell, or common salt.

Hahneman thought much of the amount of agitation and trituration, which were employed in preparing medicines. He gives very particular directions as to the exact number of minutes to be consumed by different portions of these processes. In mixing one grain of any substance with a hundred grains of sugar of milk, he directs that the mixture shall be made thus—the grain of substance is to be added first to a third part of the sugar of milk and they are to be rubbed together six minutes—the mass is then to be scraped from the pestle and mortar, which is to take four minutes—

now it is to be rubbed again six minutes—then scraped into a heap, which is to take four minutes—the second third of the sugar of milk is now added—rubbing six minutes follows —scraping together four minutes—rubbing six minutes again—another scraping together four minutes is followed by the addition of the last third of the sugar of milk—then there is rubbing six minutes, scraping together four minutes, and six minutes more of rubbing completes the mixture. But this is only the beginning of the preparation which is required. A long course of processes is directed to carry the medicine to its proper state of dilution, up to the billionth, trillionth, quadrillionth, even the decillionth, degree. For a more full statement of Hahneman's directions, I refer the reader to Dr. Holmes' Lecture on Homœopathy.

Hahneman is very particular as to the number of shakes to which medicines in solution should be subjected. On this point he says, "A long experience and multiplied observations upon the sick lead me within the last few years to prefer giving only two shakes to medicinal liquids, whereas I formerly used to give ten." What particular effect this difference in the amount of shaking has upon the 'dynamic power' of the medicines, he does not see fit to say. I suppose he means that the more shakes a medicine receives, the greater is its power. If this be true, what a tremendous 'dynamic power' must be imparted to some of the liquid medicines in the saddle bags of country doctors, as they jog about from place to place; and yet, poor unobserving mortals, they never discern any of the effects of this power though they might be very apparent to the acute vision of Hahneman and his followers.

The common idea on this subject is, that when any substance, as tartar emetic, for example, is *fully* dissolved in water, no amount of shaking can effect a more intimate

union between the tartar emetic and the water. Nor can it alter the nature of the union, so as to give the solution any new power, or any increase of power. In order to alter the nature of the union, you must introduce a third agent, which shall act *chemically* upon the tartar emetic and the water.

This is true so far as we know; and it was universally acknowledged to be true till Hahneman came out with an opposite opinion. But to establish what is so opposite to all past experience, and to overthrow what has been considered by all as an established fact, the very best of proof is necessary. Hahneman says, that the proof is to be found in the effects of the solutions, to which agitation has communicated the 'dynamic power.' And if the effects, which he asserts that he and other Homœopathists have seen, are really produced, then the proof I allow is competent.

Some loose analogies, which have hardly the shadow of plausibility are much relied upon by Homœopathists in advocating the efficacy of their medicines. In relation to the ridicule which has been cast upon *the little doses*, Dr. Hering says, "suppose *electricity* had at its first disclosure been sneeringly called *the little tempest*, how ridiculous might it have appeared to those persons who were incapable of comprehending its minuteness or its might." And the minute division of matter, as, for example, in the making of gold leaf and in the diffusion of odors, is often alluded to by Homœopathists, as illustrating the power of the little doses. When they will prove that a little electricity will produce a greater effect than a large amount of it, that a decillionth of a grain of gold will make a stronger leaf than a whole grain with the same extent of surface, or that a decillionth of a grain of musk can be made to give out a more powerful odor than any 'allopathic' quantity of it: then I will not

only grant that the analogies are good ones, and that they go to show that Homœopathy is probably true; but I will also engage to prove, that a tack-hammer can give a stronger blow than a sledge, that smallness is always the emblem of might, that a man will be better nourished by Homœopathic doses of food than by the usual allopathic ones, and any other ridiculous thing of a kindred character.

Having thus noticed the two great principles of Hahneman's system, let us now see on what kind of observation or experience these principles rest. If the experience be satisfactory in its amount and character, then, however opposed these principles are to the ideas and doctrines current among physicians, we must admit them to be true. It is to *facts* that I appeal—*numerous, well observed, well attested, comparable facts.* Nothing else can settle this question. If the decillionth of a grain of strychnine, or mercury, or charcoal, or salt, or oystershell, does produce palpable and measurable effects upon the human system, lasting twenty, thirty, forty, or fifty days, and does thus cure disease, as Homœopathists assert, let it be proved by *facts.*

As an example of the character of the observations, which are relied upon by Homœopathists to establish this point, I will take Jahr's Manual of Homœopathic Medicine published in 1838. It was 'translated from the German by authority of the North American Academy of the Homœopathic Healing Art.' This book is high in favor with all the Homœopathists in this country. It is a closely printed octavo volume of six hundred pages. Four hundred pages are occupied with descriptions of the effects of about two hundred remedies, and the remaining two hundred pages contain a Repertory, as it is called, in which the symptoms are arranged alphabetically, with the remedies which pro-

duce them opposite. The Repertory is of service in investigating cases, and, if we understand it, it is to be used in this way. A list is to be made of the symptoms presenting in any case, and then the remedies appropriate to the cure of these symptoms can be found opposite to them in the Repertory.

The descriptions of the effects of remedies are exceedingly minute and particular. I will give a few examples, taken almost at random from the descriptions of a few articles. '*Drawing* pain in *hollow* teeth, extending to the eye-brows—cracked *upper* lip—stitches in *hollow* teeth, *when biting*—pain and pungency in the *elbow*, which allows one not to stretch or exert the arm—pungency in the knee and bend of the knee—inflammation and swelling of one *half* of the nose—torpor and stiffness of one *half* of the tongue (which half?)—blood blisters on the *inside* of the *upper* lip—loss of appetite chiefly for bread and tobacco-smoking—phlegm is hawked out, chiefly in the morning—rending and stinging in the *corns*—red itching spots on the *shin-bone*—tightening pain in the *joint* of the elbow—blueish spots on the *fore arm*—tremor of the hands, when occupied with fine small work—tingling in the *points* of the toes—tingling in the arms and *joints* of the fingers—perspiration on the hands, and *between* the fingers—stitches in the ankle *when stepping out* (not when stepping in)—a voluptuous tickling on the *sole* of the foot, *after scratching a little*, making a *man* (woman too?) almost mad—ulceration of the *big* toe, with a pricking pain—after stooping some time, sense of painful weight about the head, upon resuming the erect posture—an itching, tickling sensation at the *outer* edge of the *palm* of the *left* hand, which obliges the person to scratch.'

With such minuteness of observation as this, the Materia

Medica of Homœopathy must contain a *mass* of facts, *if they really are facts.* They are claimed to be such, established by numerous and careful observations. Let us see how this is done. If an individual take an article, his condition is watched for some length of time, according to the duration of the effect of the article. This is various. The effect of carbonate of lime (common chalk) lasts fifty days; saltpetre, seven weeks; red pepper, twenty days; salt, fifty days; &c. If then common salt, for example, be the article, all bodily conditions, all sensations, all mental states, &c., occurring within fifty days, are to be set down as the effects of that salt. A collection of many such histories of cases is used in making up a complete description of the effects of this article. And so of other articles. The four hundred pages of descriptions of the effects of remedies in Jahr's Manual are, according to the statement of Hering in his introduction to it, made up precisely in this way.

If all action in the human system were produced only by what is applied to it from without, and if the system could be so insulated that only one thing at a time should be permitted to act upon it, in this case, and in this only, would such kind of observation be available. But how is it? *Numerous* agents are constantly acting upon the system—food of various kinds—air, through the medium of the skin and the lungs—variations of temperature—varying electrical and other states—mental influences—processes resulting from previous impressions—all these exert a constant influence, modifying the effects of remedies almost infinitely. Some allowance is indeed made or affected to be made, by Homœopathists, for *some* of these influences; but, after all, the remedy administered is considered as overtopping them all—it has *supreme* possession of the patient, by virtue, I suppose, of its *dynamic* power. All

symptoms that can be observed in him, whatever they may be, are the effects of the medicine, and Hahneman considers the various influences of which I have spoken as only modifying these effects, and that to a limited degree.

Proceeding after the manner which I have described, it is no wonder that Homœopathists make out such a wide range of symptoms for each remedy. The symptoms said to be produced by nux vomica, with all their various conditions, amounted some time ago to about twelve hundred. How many the recent researches of Homœopathists have added to them I know not. Even chamomile, a simple mild tonic, as it is universally considered by our good mothers, has three full pages of symptoms ascribed to it, beginning in this formidable way—"Rheumatic drawing, tearing pain, with a disabling numbness in the parts affected, most aggravated at night, frequently with continued thirst, heat and redness of *one* cheek, and hot perspiration on the head in the hair—vehement pains, almost insupportable, leading to desperation, aggravated by every movement. Pains mitigated by warm cataplasms—beating pains as from occult suppuration—cracking in the joints, particularly in the lower extremities."

The *mental* effects of chamomile are thus given. "Hypochondriac paroxysms of anxiety, as if the heart would break—restlessness, with anxious groaning and tossing about—irritable readiness to weep, with whining and howling, frequently on account of *old* or imaginary offences—aversion to music, &c."

If one who knew nothing about chamomile should read over the three pages of the effects attributed to it, he would be justified in supposing it to be a fit agent for inquisitorial torture, instead of being the innocent thing which all nurses and old women think it to be.

The effects of sodii chloretum (common salt) occupy four and a half pages. Its *mental* effects are thus described. "Melancholic sadness, with searching for many unpleasant things, much weeping, and increased by consolation—sorrowfulness about futurity—anxiousness, also during a thunderstorm, chiefly at night—indolence, aversion to talk, joylessness, and disinclination to labor—hasty impatience and irritability—easily frightened—hate of *former* offenders—fretfulness and disposition to angry violence—inclination to laugh—alternation of fretfulness and hilarity—great weakness of memory and forgetfulness—thoughtlessness and mental dissipation—misusing words in speaking and writing —inability to reflect, and fatigue from mental exertion—awkwardness."

The mental effects of sulphur are thus given. "Sadness and dejection—melancholy, with doubts about his soul's welfare—great inclination to weep, frequently alternating with laughing—inconsolableness, and reproaches of conscience about every action—attacks of anxiety, in the evening—nocturnal fear of spectres—fearfulness and liability to be frightened—restlessness and hastiness—caprice, moroseness, and ill humor—irritability and fretfulness—disinclination to labor—great weakness of memory—diliria and carphologia—mistaking one thing for another—philosophical and religious reveries, and fixed ideas—insanity with imagination, as if he were in possession of beautiful things and in abundance of everything."

The description of *all* the effects of sulphur occupies *seven* pages, and if it be a true description, it certainly must be a very terrible thing to take sulphur.

There is a great show of accurate discrimination on the part of Homœopathists. Extreme niceness of observation is claimed to be absolutely requisite for the successful prac-

tice of Homœopathy. The distinctions which are made in regard to symptoms are not only minute, but sometimes laughably so.

Pain is divided into simple, rending, pressing, tightening, rasping, rheumatic, stinging, jerking, periodical, contracting, burning, boring, spasmodic, cutting, bruizing, cramping, drawing, compressing, constringing, sore, disabling, squeezing, &c. Some of these distinctions our 'allopathic' mind cannot comprehend. Perhaps the acuteness of a Homœopathic mind may recognize the exact difference between pressing, compressing, constringing and squeezing pains, but I confess that I do not.

All these different kinds of pain are produced by different agents, and different agents cure them. Not only so, but the same pain requires different remedies, as it appears in different parts. Thus while one remedy cures a pain in your *whole* neck, quite another one cures the same pain in the *nape* of the neck. Different remedies are required to relieve the same pain in the shin, the heel, the ball of the foot, the toes, &c.

I counted up in the Repertory, twenty-four kinds of toothache, in addition to a great variety of other sensations in the gums, the teeth and the roots of the teeth. Besides, there are fifty-five conditions under which toothache appears, resulting from different agents. Some of these are a little singular. Thus Rhododendron is apt to produce toothache in a thunderstorm, and therefore, according to Homœopathic reasoning, is the appropriate remedy for toothache which is particularly disposed to come on in a thunderstorm—a disposition of toothache of which I never heard before. The remedy for toothache which comes on when riding in a vehicle is sepia—no remedy is mentioned for it when it comes on when riding horseback, or going on foot.

Homœopathic researches have not extended as yet to these points. Pulsatilla is the remedy for toothache in the *spring*, but there is no remedy especially for it in summer, autumn, and winter. Such gaps in Homœopathic experience ought certainly to be filled up.

The varieties of toothache are rendered still more numerous by the symptoms with which it is connected. I counted eighteen of these. Among them are coldness of the ears, twitching of the feet and fingers, and a necessity to run about.

An aversion to different things is produced by different remedies. Thus colchicum causes an aversion to pork—zinc to veal and fish—selenium to salt food—hellebore to sour crout—arnica to broth—assafœtida to beer—sabadilla to wine*—belladonna to vegetables—sulphur to washing one's self—tartarized antimony to tobacco smoking—spigelia to tobacco-snuffing, &c. Nothing is mentioned as causing an aversion to tobacco *chewing*. Some Homœopathists had better extend the line of discovery in that direction.

Jahr has some singular grouping of symptoms. Under the effects of colchicum we have "mental exertion, touch, bright light, smell of pork, and improper behavior of others, exacerbates the case excessively." In relation to the pork, he does not say whether it is cooked or uncooked—there is certainly a failure in the nicety of his discrimination here.

These Homœopathists sometimes make wonderful discoveries. In the notice of the effects of stramonium, I find this. "Air passes out of the ears." Does stramonium; I would ask Mr. Jahr, or his translator, Mr. Hering,

*The discoverer of this fact is certainly a great benefactor to his race—what multitudes may be saved by Sabadilla from a drunkard's grave !

set up the manufacture of air in the ears, or does it punch a hole through the drum of the ear, and thus let the patient blow air from his mouth through the ears? Our allopathic mind cannot divine how air can come from the ears except in one or the other of these two ways.

But enough of this. The reader, I trust, has had a sufficient insight into Homœopathic observation, to see that it proves nothing. If it proves what it professes to do, then anything may be made to prove anything that may be desired. We laugh at the folly of the fly on the coach, that supposed itself to be the cause of all the dust made by the prancing horses, and the whirling wheels; but the folly of the fly is as nothing, compared with his, who considers all symptoms, bodily and mental, for fifty days as resulting from a few decillionths of a grain of sulphur, or salt, or oystershell. And yet it is upon such ridiculous assumptions as these, falsely called "observations," that the system of Homœopathy is based. The results of these observations, we are informed in Dr. Hering's introduction, "have, through the zeal of the Homœopathists, already filled more than *fifteen* octavo volumes." The Materia Medica of Hahneman himself fills six volumes. It is spoken of by his followers as "a rich arsenal, from which Homœopathy may arm itself against every known disease; it contains at present nearly 80,000 combinations of symptoms, with the corresponding substances which shall produce their counterparts; and it goes on every day to be still farther enriched, and to such an extent, as to leave it utterly impossible to assign any limits to the future developments of Homœopathy." What a stupendous monument of human folly is this confused mass of rubbish! It is no wonder that a man who could invent such a system as Homœopathy is, should at last place as a cap stone upon this monument the grand

discovery, which he says it cost him twelve years of research to make, viz. that seven eighths of all chronic diseases come from a *psoric* virus, of which psora (vulgarly called itch) is only the simplest development!

But it is said that, laugh as we may at the ridiculousness of Homœopathy, as a system, it is really successful in practice. If we are to take the testimony of such observers as Mr. Jahr, and his brother compilers of the fifteen octavo volumes of "observations" to this point, I must beg leave to demur. But the doctors who practice according to these same fifteen octavo volumes, and the multitudes, especially the *female* multitudes, who practice in their families with their little boxes filled with little phials of little globules, with a little pamphlet of directions, testify, that Homœopathy is eminently successful. Such *was* the testimony also in regard to the success of Perkins' Tractors, Dr. Beddoes' Gases, and St. John Long's Liniment. That testimony does not avail just now, and I suspect that some years hence, when some other delusion shall succeed in supplanting Homœopathy, the present testimony of Homœopathists to its success will avail as little.

But it is true, I most cheerfully allow, that Homœopathy is more successful than any *exclusive* system of practice, which is characterized by *positive* medication. It is so, simply because it leaves the curative power of nature to act freely, undisturbed by any officious interference. It is also true, that Homœopathy is more successful than any *over dosing* practice of any kind. But it is *not* true that it is anything like as successful as a cautious *eclectic* practice. I mean by this a practice which selects its remedies from every source where they are to be found, *governing its choice by the actual effects ascertained by careful observation, without regard to any theory or any exclusive sys-*

tem of doctrines. This is the only proper mode of practice, (if it can be called a *mode*,) and though it makes no such loud pretensions as are made by the different exclusive modes of practice, in their strife for popularity, it is pre-eminently successful. I mean successful in curing disease. I do not refer at all to success in obtaining the public favor—that is quite another thing.

The success which Homœopathy has realized, in obtaining its hold upon the community, results from several causes which I will briefly notice.

1. Mental influence. This system of practice is especially calculated to produce a great effect in this way. The very idea, that there is a peculiar power imparted to the little globules by their preparation, acts upon the imagination of the patient. It gratifies too the love of mystery, so common, and so ready to respond to the appeals which are made to it. The minute examination of symptoms, of which such display is made by Homœopathic physicians, adds to this influence upon the mind, by its imposing air of deep and patient research.

2. A strict regard to diet and regimen. This I need not dwell upon.

3. The influence of the curative power of nature, the efforts of which are not interfered with by Homœopathy. This is the chief cause of all the cures which Homœopathy claims to itself, as the undoubted results of its infinitesimal doses. The two influences first named prepare the system for the operation of this curative power.

4. A comparison between the results of Homœopathic practice and those of the practice of over-dosing physicians. Such a comparison will generally tell in favor of Homœopathy, because the plan of giving no medicine and relying upon a favorable mental influence and a strict regulation

of diet and regimen, is much better than storming a patient with drugs, as one would a citadel with balls.

5. An occasional use of remedies in the ordinary doses. This is practised more often than is commonly supposed, and especially by those who have from mere pecuniary motives left the ranks of the 'Allopaths' and adopted the Homœopathic practice. They *know* that in acute diseases especially, there is sometimes pressing need of something more than the tiny doses, and they resort for the moment to their old mode of practice. And it is easy to do this secretly if they wish, for calomel, morphine, &c. are not very bulky medicines, and a good dose of them can easily be put into a very few little globules. Many a Homœopathic patient is thus saved from death by the 'old practice,' while Homœopathy gets all the credit of it.* Mr. Constan-

* The inconsistency of Homœopathists in using medicines in Allopathic doses is sometimes of the most barefaced character. An instance of this kind I lately met with in a New York paper. It seems that the Homœopathic physicians in that city appointed a committee to draw up some directions, to be given to the citizens for the prevention and treatment of Cholera. The directions are all quite consistent till you come to the 12th which reads thus: "If the diarrhœa should become profuse (with or without pain, and vomiting,) the discharges being watery and whitish, and the strength rapidly failing, take five drops of spirits of Camphor every half hour until it is effectually stopped. Should these symptoms become very severe, three drops of Camphor may be administered every five minutes." In this direction they make a complete leap from Homœopathy over to Allopathy. In the first eleven directions they adhere most strictly to the Hahnemanic *attenuations* and *triturations*. But these, you will observe, respect those only who are threatened, or imagine themselves to be threatened, with cholera. It is well enough to amuse such with the 'third attenuation' of Cuprum or Veratrum. But in the twelfth direction, which is for those who are actually attacked with the disease, the attenuations and triturations are forgotten; for it now gets to be a serious business, and the tiny doses will not do. *Three drops of Spirits of Camphor every five minutes!!!* If the patient should be dosed at this rate, for twenty-four hours, he would take nearly *two ounces* of spirit of Camphor. The whole

tine Hering, in his introduction to Jahr's Manual, complains that some of his brethren are not strictly orthodox—that they are guilty of the inconsistency of mixing the practice of the old and of the new school together. This complaint however comes with an ill grace from him, for I once knew this prescriber of decillionths of a grain of such inert things as salt and oystershell, direct for a patient a nightly dose of half a teaspoonful of red pepper—a dose quite large enough to suit an 'Allopath' or even a Thompsonian.*

6. The facility with which people are imposed upon in their attempts to estimate the comparative merits of modes of practice by their *results*, is another source of the popularity of Homœopathy. Most persons, as I take occasion to show in the chapter on Good and Bad Practice, have an opportunity of witnessing but a *limited* range of facts in

Homœopathic committee could not use up this quantity in a twelvemonth in all their *extensive* practice, if they should give it strictly on Hahnemanic principles.

* In the Domestic Physician, intended as a guide for families who practice Homœopathy, this same Dr. Hering, who has adorned the book with an engraving of himself represented as learnedly poring over some work, (I presume one of that same 15 octavo volumes,) thus discourses of physicians, under the head of Effects of Mercury. "This is the universal elixir of the quacks in all diseases—who, whilst they pretend to restore their patients to health, destroy their constitution. They administer it as calomel in powders, or dissolved as corrosive sublimate, or in pills—those abominable blue pills." And then, "that no one may be deceived, at least not those for whom a physician prescribes," he goes on to give the different Latin names of these preparations of mercury, as they are written in the prescriptions of physicians, or quacks, as he so modestly calls them: This is a little impudent in one who prescribes as remedies, and in this very book, two preparations of mercury, and one of them the most powerful of all, corrosive sublimate, made more powerful too, according to his theory, by the 'dynamic power' imparted to it by Homœopathic subdivision and trituration.

medical practice—altogether too limited to enable them to arrive at any just conclusions. And then the flying reports abroad in the community on this subject are exceedingly vague, and are not to be relied upon. Yet these limited observations, and these reports bruited about by the loose tongue of Madame Rumor, are the boasted facts, by which Homœopathy, like every other delusion, has gained its popularity.

Such being the sources of the popularity of Homœopathy, I do not wonder at all that it has acquired so extensive favor with the public. Neither do I wonder that many very sensible persons have been captivated with it; for the evidence upon which they base their preference is so limited and so loose, that it is calculated to mislead any who rely upon it. And I would not reproach nor ridicule them for this preference; but I would simply ask them to look carefully at the nature of the evidence, on which the success of Homœopathy is so confidently asserted. If they will do this, they will find that the evidence is insufficient and deceptive.

Before I leave this topic, I wish to present to the reader a case somewhat parallel to that of Homœopathy, which may serve to illustrate farther the way in which medical delusions acquire their hold upon the public mind. A clergyman in a small town in Germany, interpreting the passage of Scripture, 'the prayer of faith shall save the sick,' as having a literal and an universal application, some years ago went into the practice of medicine among the people of his charge upon this idea. He gives no medicine, but merely visits the sick and prays with them. All kinds of disease, acute and chronic, are submitted to this treatment. He tells those that apply to him, that there is no need of doing so, if they will only themselves repent of their sins,

and lift up the prayer of faith. It is only in default of their penitence and faith that his prayers are required. He shows great shrewdness in pointing out the sins of the vicious, to which he attributes their diseases. This adds much to his reputation, and to the mental influence which he exerts upon the sick. He is sincere in his views, and takes no compensation for his services to the sick, which he performs in connexion with his pastoral labors. His success is so great, that no physician has been able to get a living in the place where he resides, and invalids come to him from all the country round, even to the distance of fifty miles.

In this instance, there are some of the same elements of success that exist in the case of Homœopathy. His mental influence upon his patients is very decided. He leaves the curative power of nature to act undisturbed. And added to these sources of success may be mentioned, as having a considerable influence, a reformation in the life of some of those whose vices he faithfully points out to them. So far as apparent results are concerned, it is quite as proper to attribute a curative 'dynamic power' to the prayers of this clergyman, as to the infinitesimal doses of Hahneman.

Homœopathists often boast of the inroads which their system has made upon the ranks of the medical profession. But it is an empty boast. If the Homœopathic physicians in this country could be gathered together, it would be an assemblage for the most part of very common men. No superior order of talent would be found among them. There would be none who are distinguished for true research; none who have made any respectable additions to the literature of medicine, or to its store of experience; and none who have ever had any commanding influence.

There would be some indeed who are reputed among Homœopathists to be great men; but none, who previous to their conversion to Homœopathy, were considered great by the medical profession. A large portion of that assemblage, I am persuaded from what I have seen, would be made up of men, who have no true faith in the so-called science of Homœopathy, but have a strong faith in the deception which can be practised by means of it upon the community, and its consequent availability in a pecuniary point of view. Those who have such a strange cast of mind, as to dupe themselves into a belief of Homœopathic doctrines, after a thorough and scientific examination of them, I suspect would be in the minority.*

Though Homœopathists commonly look down with contempt upon Thompsonism, as being vulgar and unscientific, there is really considerable resemblance between Samuel Thompson and Samuel Hahneman. Let us look at some of these points of resemblance.

Both have a theory on which their practice is based, and nothing is deemed true that does not correspond with that theory.

Both reject all former theories and observations as worth-

* It is proper to remark here, that some, who at first adopted Homœopathy from mere pecuniary considerations, may afterwards have come to a full belief in it. For if, previous to their adoption of this practice, they were undiscriminating over-dosers, *as most of those physicians who have turned Homœopathists once were*, they find themselves actually more successful in the treatment of disease than they were before their conversion. This is owing only to the discontinuance of their over-dosing, but they of course refer it to the "dynamic power" of their globules.

What I have said of the general character of Homœopathic physicians will probably provoke them to pour out upon me the vials of their wrath. But as they will undoubtedly administer it in *Allopathic* doses, and will not stop to give it a "dynamic power" by "dilution" and "attenuation," I shall, I think, be able to stand up against it.

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less. Their light is the true and only light. "The medical world was in total darkness till I arose," said Hahneman; and so said Thompson.*

As Hahneman said, "the Allopathic method never really cures—the Homœopathic method never fails to cure;" so said Thompson, the "regulars" cure no one—my system always cures curable cases.

Both claim that all who get well under their system are cured by it, and give no credit to nature; and upon these asserted cures they build the reputation of their systems.

Both began their career as arrant quacks. Samuel Thompson sold his patent rights to practice after his theory; and Samuel Hahneman sold his secret nostrum for the cure and prevention of Scarlet Fever.†

Both were exceedingly dogmatical and authoritative, and both quarrelled with their followers who did not yield to all their assumptions.

The followers of both have very generally imbibed the spirit of the "venerated founders" of these systems, and are very sure that they are right, and everybody else is wholly wrong.

The followers of both look upon physicians as a body as being wilfully blind to the truth, and unwilling to adopt anything new, simply because it is new.

There are a few points in which those noted "reformers" *differ*, which I will very briefly notice.

While Thompson was an illiterate man, Hahneman was an educated man; and, if the making of many books is a proof of learning, then he was a learned man. Thomp-

* So also says Turner, the founder of a new system just rising into notice, styled Chrono-Thermalism.

† This fact, though well authenticated, is carefully omitted in all notices of him by his followers.

son's Materia Medica is but a single little book; but Hahneman's Materia Medica fills six large octavo volumes.

Thompson's theory is rude, and has no air of learning. Its philosophy knows nothing of the modern chemical nomenclature, but reckons earth, air, water, and fire, as elements. Hahneman's theory, on the other hand, has a long name of classic Greek derivation, is more finely spun, and is learned in its guise.

Hahneman has obtained special favor with the refined and learned and wealthy; while Thompson has been for the most part the favorite with those of common minds and limited information.

There is one particular in which the two systems differ very widely. Though it cannot be said of Thompsonism, that it has never cured anybody, for it may *chance* to cure like anything else; yet, in its general influence upon the medical practice of the community, it has been an unmitigated evil. Its influence has been to give currency to the overdosing, which has been so popular, and so destructive to health and life. But Homœopathy, on the contrary, is doing a good work in helping to destroy the undue reliance upon positive medication, of which I have spoken in the chapter on Popular Errors, as being quite prevalent in the medical profession, and exceedingly so in the community at large. And when Homœopathy shall have passed by, as pass it will, like other delusions before it, I believe it will be seen, that Hahneman had a vocation to fill, of which he never dreamed, and that he has unwittingly done more good than harm to the permanent interests of medical science.

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CHAPTER VII.

NATURAL BONE-SETTERS.

The setting of bones is wholly a mechanical operation; and there cannot be a natural innate skill in this particular kind of mechanics, any more than there can be in any other kind. It would be as proper to say that a man is a natural watch maker, steamboat builder, carpenter, &c, as to say that he is a natural bone-setter. A man may be born with a taste for mechanics in general, but not with a taste for any particular kind of mechanics. This innate mechanical taste shows itself in various ways, as the child grows up into the man; and it is governed altogether by circumstances, in selecting the particular branches of mechanics, from which it will seek its gratification.

Every one applies these plain principles almost instinctively to every subject but the sciences of medicine and surgery. An exception is made of these, not only by the ignorant, but often also by the well-informed and the learned. The healing art seems to be cast out of the common pale of reason; and learning, as well as ignorance, often refuses it the plainest and most established principles both of science and of common sense. There has always been a disposition to mysticism on this subject, and the idea of a

mysterious bestowment of natural gifts has been an error of all ages, and, I may add, of all conditions in life.

I have said that bone-setting is a perfectly mechanical operation. The bones of the body are united together on simple mechanical principles by ligaments and muscles. When a bone is put out of joint, it is generally done by the action of the muscles, perhaps we may say that it always is so, when there is dislocation alone without any fracture. A man falls from a house—when he comes to the ground he puts out his hand, and the wrist, or elbow, or shoulder, is dislocated. If he were dead when he fell, no dislocation would occur, though there might be fracture; for the muscles would fix none of the bones upon any point of support, so as to give the head of one bone a different direction from the head of its neighboring bone. It is for the same reason that a man, whose muscles are relaxed and powerless from intoxication, is not apt to have his bones dislocated in a fall, though they may be fractured.

After a bone is put out of joint, it is the muscles and ligaments which hold it there. In order to replace it then, the resistance of these muscles must be overcome by force gradually and steadily applied, so that the head of the bone which is thrown past the head of the other may be brought opposite to its proper place. When brought to this point it is to be pressed into its place, which is commonly very easily done—sometimes the muscles themselves do it.

The requisites for skill in performing this operation are very obvious. It is plain that the man who knows the most about the relations of the parts, will best know how to adjust those parts when they get out of place; just as one who understands most thoroughly a machine is the best fitted to repair it when it is out of order. And there is no such thing as an innate instinctive knowledge of a machine

made of bones, muscles, and ligaments, any more than there is such a knowledge of a machine made of wood and iron. In both cases the knowledge is *acquired* knowledge—acquired by observation and study. In order that the knowledge which one has, even of the most common machine, shall be accurate and complete, he must be familiar with the parts of it when separated, and then with their connection as a whole. For the same reason, in order that the surgeon may understand so compound a machine as a human joint, he should become familiar with the several bones and muscles, and ligaments, and tendons, of that joint separately, and then with their connection as they make up the whole machine.

And by familiarity with the machine as a whole, I do not mean merely that the surgeon should be familiar with the parts of the joint in their connection, as they are seen when the skin is removed with the fat and the cellular membrane. In order to perfect his knowledge of the joint as a whole, he must be familiar with it as it appears covered with the skin, and observe it in all its various attitudes and motions. This is quite as important a part of the knowledge of the joints, as that which is revealed by the dissecting knife. For the surgeon in his practice has to do with them in this covered state; and if he be familiar with them only in their uncovered condition, he will often find himself much puzzled, and may commit some unfortunate errors. A musician, who had always played upon a piano with the keys open to the eye, would hardly venture to play a tune with the keys covered for the first time at a public concert; but I apprehend that there is many a surgeon who makes his first real study of a joint as a whole in its covered state, when he is called upon to determine whether some part of that joint is out of place. This external geography of the

joints, as it may be termed, is not sufficiently attended to, nor is the importance of studying it properly urged upon the students of medicine.

The above considerations, I trust, make it clear to the reader, what are the kind and the extent of the knowledge of the empirical bone-setter. I am not disposed to say that he has no knowledge at all. He has power to observe, though his means of observation are limited, and therefore his knowledge is limited, and of consequence inaccurate. He acquires all the knowledge which he has by observing (and that is studying) the external geography of the joints to which I have alluded. He may perhaps have an accurate eye in such matters, or, as a phrenologist would express it, he may have the organ of form well developed. If this be true of him, in many cases of dislocation he will readily see where the irregularity is. He will see an undue prominence at one point and a consequent depression at another. The knowledge thus acquired by the eye guides him in his practice. He pulls the bones apart, and then applies pressure in such a direction, as to force in the prominence, and remove the depression. This is the sum and substance of all that an uneducated bone-setter can know, and his knowledge all comes from observation, and is not the result of any mysterious gift.

It is folly to pretend that the empirical bone-setter cannot, by the study of the internal structure of the joints, add to his knowledge and skill thus acquired from observation of their external forms. And yet he assumes, and a large portion of the public believe it, that not only does his skill, unlike skill in anything else in the wide world, need no adding to it, but that it would be actually impaired by anything like scientific study. That his *reputation* would be impaired very seriously, if it were publicly known that he

in any measure acknowledged the necessity of study, is certain; for his skill would then be stripped of the charm, which is given to it by the idea of its being an innate power. It is for this reason only that he adheres so pertinaciously to this false and ridiculous notion.

I have thus far gone upon the supposition, that the natural bone-setter learns all that he knows by his own observation alone, without any assistance from others. This is far from being true. He is indebted to physicians themselves for some of his knowledge. For example, the fact that extension and counter-extension* must be made to enable us to put the dislocated bone into its place, is not a fact that he discovered. Somebody, (we know not who, but it was somebody,) discovered it a long time ago, and the knowledge of it has descended in the medical profession from time immemorial. It is in this channel that the knowledge of it comes to the bone-setter. He might as well say that it was an innate idea with him, that knives and forks are the appropriate instruments to eat with, as that he was born with the knowledge of the fact, that the expedient which I have mentioned is necessary in setting dislocated bones.

Perhaps it will be said that the idea of pulling the bones apart is a very simple idea, and that almost anybody would think of that. So was the invention of knives and forks a

* Some of my readers will require an explanation of these terms. In a case of fracture the broken ends often slip by each other. We draw therefore upon the two portions to bring them into their proper position. The traction exerted upon the portion the farthest from the body is called extension, while that which is exerted upon the other portion is called counter-extension. So when a bone is dislocated the force exerted in drawing the head of it from its position is called extension, while the force by which its fellow bone is drawn in the opposite direction is called counter-extension.

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simple idea. But it was come at rather slowly. The transition from the use of fingers and teeth, to that of knives and forks in their present state of perfection, was not a sudden one. Improvement, in this instance, as well as in every other, had its *march*, step by step—it was not effected by a leap. So it has been with improvements in the setting of bones. It is probable that at first many a bone was pushed and twisted about, and then left in its dislocated state; but at length it was discovered, either by accident, or by a scientific view of the subject, that this pushing and twisting could be made to answer the purpose, by first overcoming the resistance of the muscles by extension and counter-extension. The man who first knew this fact was a real discoverer. And further, as the first knives and forks were made in a very bungling manner, so the setting of bones was at first done awkwardly and unskillfully. The bones were probably pulled in a jerking manner, till a second discoverer found out the fact, that it was best to make the extension very gradually and steadily.

Here then are two very material facts in regard to one part of the operation of setting bones, which are furnished to the natural bone-setter from the experience of those who have gone before him; and I think no one can doubt that he learns them in the same vulgar way that the educated surgeon does. Though they were new facts once, they are now familiar to every one who has seen a bone set, or heard a description of the operation. And I would give no bone-setter the credit of having been born with these facts in his head, unless he had been shut up from the world till he was strong enough to set a bone, and then, on being brought forth had set a dislocated limb, making the extension and counter-extension in the proper manner. This would be the only positive proof that he did not learn these

facts from some one else. Many familiar ideas, which we suppose that we thought of ourselves, unaided by others, if brought to such a test, would be found to have descended to us from our predecessors.

Bone-setters have not so much confidence in their innate skill, as to refuse to learn anything from physicians. I suspect that they do not object to reading a surgical book, or looking upon a skeleton, if they can do it without its being known. I heard one once utter the scientific names of bones and their parts, such as humerus, radius, trochanter, astragalus, &c. He must have got these words from some of the educated surgeons, whom he professes to despise, or from some book upon surgery. It is hardly to be supposed, that he was born with them packed away in his head, along side of his skill, ready for use, though perhaps his admirers and patrons may think so.

I have said that the knowledge of the 'natural' bone-setter must be both limited and inaccurate. Hence, though in those cases, in which the dislocation or fracture is so plain as to be readily seen, he may perhaps get along without any serious difficulty, he is exceedingly liable to make mistakes in cases which require nice discrimination. His mistakes may be arranged chiefly under four classes, which I will notice separately.

First. A common error is supposing a fracture to be a dislocation. Generally there is no difficulty in deciding which of these accidents has taken place. In cases of fracture a crepitus (or grating of the broken ends of the bone upon each other) can be perceived on moving the limb in different directions. But sometimes it is difficult to perceive this, and it can only be done by executing some particular motions. In such cases the uneducated bone-setter is very liable to make a mistake and often does. I will relate but

three out of many examples of this error which I have in my possession.

The first case I take from Ticknor's Medical Philosophy. A young lad in the city of New York received an injury of the elbow joint, which, under the most judicious surgical treatment, terminated in permanent stiffness. The parents of the lad took him soon after to a bone-setter who had acquired considerable celebrity. He at once pronounced the elbow to be out of joint, and attempted to set it. After repeated attempts, he at length by an extreme degree of violence, which was attended with excruciating pain, succeeded in straightening the limb. The bone-setter triumphed in the achievement, and the parents were delighted with the result. But the force employed to reduce the pretended dislocation did such violence to tendons, ligaments, and nerves, that the child's life was in jeopardy, and was saved only by the timely amputation of the arm.

The second case which I shall mention occurred in the practice of Professor Hooker in New Haven. A man fell from a canal bridge and fractured the neck of the scapula, the bone which is commonly called the shoulder-blade. There was depression of the arm similar to that which occurs in common dislocation of the shoulder; but the crepitus and other symptoms obviously distinguished the case from simple dislocation. Professor H. dressed the shoulder in such a way as to secure a perfect apposition of the two surfaces of the fracture; and, if the man had continued under his care, a complete union would undoubtedly have taken place, and he would have had a good shoulder. But at the end of a week Professor H. found the apparatus removed and the arm simply supported in a sling. The patient had been to see a natural bone-setter, who convinced

him that the Professor had mistaken the case—that there was no fracture, but a simple dislocation. He accordingly 'set' the shoulder. The patient was much easier than he was with the confinement of Professor H.'s apparatus, and he was gratified with the bone-setter's assurance that the shoulder would soon be well. He continued to have confidence in the opinion of the bone-setter for about six weeks. Then, as the shoulder was no better, he went again to Professor H. It was now of course too late to remedy the fracture, and the poor man has a crippled shoulder for life, as the result of his foolish reliance upon the 'natural' skill of a bone-setter.

The third case was related to me by Dr. Mercer, of New London in this State. It was a case of oblique fracture of the thigh. The evidence that it was a fracture was of the most palpable character; and yet the most famous 'natural' bone-setter in this part of the country, who has imparted his 'gift' to his descendants, and even to those who are connected with them by marriage, stripped off the dressings of Dr. M., pronounced the case a dislocation, and proceeded to 'set' it. The patient supposed that all was right, for the bone-setter was considered infallible. But many of the inhabitants of New London well remember the poor old man Bolton, who for so many years with his crooked thigh, which was pronounced so confidently by the bone-setter to be 'set,' literally crawled about the streets.

Secondly. The uneducated bone-setter is very liable to make a mistake in those cases in which, though there may be much tumefaction and pain, and the motion of the joint may be much impeded, there is neither dislocation nor fracture. Of all the cases of injury of the joints a very large proportion are of this character. There is simply a sprain or a bruise, or both together. Such cases the bone-setter

almost invariably treats as dislocations. I will not at present dwell upon this class of cases, as I shall speak of them more particularly in another connexion. I will only remark here, that if the bone-setter does but little in such cases, no real harm may be done; but he may use so much violence, in reducing the supposed dislocation, as to inflict a serious injury upon the joint.

Thirdly. Another class of mistakes, to which the uneducated bone-setter is liable, have relation not to the mechanical principles of bone setting, but to what may be called the *medical* in distinction from the *surgical*, or operative part of the treatment. The mere operator, however skillful he may be, is not a finished surgeon. Very far from it. In order to be able to do his *whole* duty to his patients, the surgeon must in addition to his skill in operating, understand well the principles of inflammation and irritation, and must be in fact familiar with the whole range of disease. The bone-setter is entirely destitute of any such qualification for his department of surgery. He looks upon every case as a mere mechanical matter, and operates upon it without any regard to the state of the patient's health, or to any of the circumstances of the case. He therefore operates upon many cases that ought not to be operated upon, and does to them a serious injury, sometimes a fatal one. In some cases he neglects to do what is necessary for the relief of the patient, and prevents any one else from doing it. It may be that inflammation needs to be guarded against, or to be overcome. This he neglects to do; and not only so, but perhaps, by the violence which he does to the affected part, he aggravates, or creates inflammation. The same may also be said of his neglecting the prevention and cure of spasmodic affections.

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I will cite but a few cases illustrative of the above remarks.

A man had a bad fracture of the wrist, which was taken care of by a regular physician. After the fracture united, the joint he said continued to be very weak, but it did not prevent him from getting a livelihood by doing light work in a factory. More than a year after the accident, the wrist became quite sore. Rest and some appropriate applications would probably have restored it to its usual condition in a short time. But he was persuaded to show it to a famous bone-setter, who lived a few miles distant. The bone-setter said at once that it was not set right in the beginning, and that it must be broken over again, in order to set it as it should be done. The great violence he did to the joint produced a severe inflammation. It was in this state that I first saw it. Abscesses formed in consequence of the inflammation, and the final result was that the arm was rendered useless for life. If this man had been thus treated by an educated surgeon, instead of an *infallible* bone-setter, he could undoubtedly have recovered large damages for such mal-practice.

The second case which I shall relate is that of a young man who had a chronic disease of the shoulder, which came on gradually, without any evidence that the joint had ever received any injury. A bone-setter, whom he accidentally met, assured him that he could remove the difficulty, and give him a good arm. He told him that the bone of the arm had 'dropped down out of the socket,' that there was 'callus in the socket,' and talked about 'squeezing it out.' This opinion he gave without any examination of the shoulder. He did not even remove a thick overcoat which the young man had on. He directed a liniment, which was to be used for some time previous to the operation of setting

the shoulder. After using the liniment for six weeks, he went to the bone-setter's residence to be operated upon. Three stout assistants held the patient, while the bone-setter *squeezed out the callus*, and set the joint. The pain produced by this operation was so severe that the young man fainted. The bone-setter, thinking that the joint was not yet quite right, repeated the operation the next day. The consequence of all this violence was an increase of the inflammation. There was much soreness and pain, and at length several abscesses appeared in succession, which discharged abundantly, and the arm became exceedingly weak, very limited in its motions, and much emaciated.

Cases of hip-disease, as it is commonly called, are often supposed by bone-setters to be cases of dislocation, and sometimes are unfortunately treated as such. I might relate many instances of this kind, but I will detain the reader with but one, which I take from Ticknor's Medical Philosophy. In this case "the complaint had existed for some time and produced a great degree of emaciation of the affected limb, which gave to the joints an unusual prominence; and, as is common in this disease, the limb was in a flexed position. This patient had been attended by a respectable practitioner, who understood the disease, and who had done all that the art can do in this much dreaded complaint. But the natural bone-setter was sent for. He pronounced *the hip, the knee, and the ankle dislocated;* and straightway commenced furiously pulling at all these joints to get them in place. The boy shrieked, and entreated him to desist. The diseased parts being exceedingly tender and painful on the slightest motion, the complaints of the boy only made his tormentor the more confirmed in his opinion and the more persevering in his efforts to 'set the bones.' He did persevere till the child repeatedly fainted; and being

fearful that he had *cured the patient to death*, or killed him outright, at length concluded his manipulations, by saying that he had *got the bones all in their places*. The disease was so aggravated by this cruelty, that in a few days the child's sufferings were at an end."

The last case which I shall relate under this head, is a case of tetanus or locked-jaw. The patient had his foot crushed. He was for four days under the care of a regular surgeon. During this time such a course was pursued as was calculated to prevent the occurrence of tetanus, and the patient was in a very promising condition. But the bone-setter was sent for. He discontinued the remedies which had been used, and simply dressed the foot with a salve, which was of course of an *all-healing* character. The foot soon became very offensive, and symptoms of locked-jaw came on, and in a few days the patient died. The bone-setter within twelve hours of his death assured him that he would get well.

Fourthly. Uneducated bone-setters fail most signally in their treatment of *fractures*. In the case of a *dislocation*, when the bone is once put into joint it is generally done with. The joints are so aptly and closely fitted, that the reduced bone is not liable to slip out of joint again from any slight cause. But in the case of a *fracture* on the other hand, after the bones are put into place, some care and skill are required to keep them so. The pressure which is brought to bear upon different points of the limb is to be skillfully regulated, and motion of the two parts of the broken bone is to be carefully prevented, in order that they may grow together without irregularity, and with as little amount of callus as possible. The bone-setter for obvious reasons, fails in these particulars, and there may, therefore, be found among his patients a great many crooked and

shortened limbs, with a large and irregular callus. One of the most deformed limbs that I ever saw was an arm which had been under the care of one of the most famous bone-setters in the country. The case was a simple fracture of the two bones of the fore-arm, about midway between the wrist and the elbow. Any ordinary surgical care would have secured to the patient a sound arm without any deformity. But when she showed me her arm, after the bone-setter had dismissed it from his care as *cured*, I found that one bone had its two parts united at quite an angle, with a large callus; and in the case of the other bone no union at all had taken place, but the ends of the fracture could be still made to rub upon each other by executing certain motions of the arm. Such mal-practice as this, in the case of a young woman, who is dependent upon her labor for a livelihood, ought to be punished with exemplary damages.

The remarks which I have made refer to ordinary fractures merely. But there are some cases of fracture which require a peculiar and nice application of mechanical principles in their treatment. In these the bone-setter generally makes an utter failure. For example, there are some fractures of the elbow-joint that require a particular position of the arm, and a nice adjustment of the apparatus applied to it; and, in order to prevent stiffness of the joint it is necessary that the surgeon should, as soon as it will answer, begin to execute the motions of the limb, gradually extending their range, till the joint become entirely free. Such cases under the care of a bone-setter have always resulted, so far as my observation has extended, in permanent stiffness of the joint.

In the remarks that I have made upon the mistakes of uneducated bone-setters, I wish not to be understood to

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claim that educated surgeons never make any mistakes in their treatment of fractured and dislocated limbs. They are not infallible, and some of them, I am free to say, know very little about bone-setting, and have very little skill in it. There is a mechanical tact which is necessary to make a physician a good bone-setter, and some are so destitute of this tact, that they are not even able to extract a tooth decently well. But I do claim, that educated medical men, generally, do have vastly more skill in this department of surgery, than the herd of uneducated bone-setters.

If the claims of natural bone-setters be just—if it be true, as they say it is, that surgeons are constantly making mistakes, which *their* innate skill is as constantly taxed to correct, then we should expect, that in those parts of the country, which are not blessed with bone-setters, there would be cripples in abundance, the victims of educated unskillfulness. But I have never heard that it is so. There has been no complaint that it is. And I have not a doubt that in the neighborhood of every natural bone-setter, there can be found more deformed and crippled limbs, than can be found in any similar neighborhood, where educated surgeons are not so fortunate as to have infallible possessors of the gift of bone-setting standing ready to correct their errors.

If the bad cases which occur in the practice of natural bone-setters could be found in the practice of regular physicians, they would be frequently prosecuted for mal-practice, and damages would be recovered of them by the sufferers. But I doubt very much whether anything would be gained by prosecuting a bone-setter for the grossest mal-practice. People are generally more willing to make allowances for the uneducated bone-setter, than for an educated surgeon; though, at the same time, inconsistent as it may

appear, they may claim that by virtue of a divine gift he is infallible. One would suppose that cases resulting badly would lead them to doubt his boasted infallibility. But no. They infer that these cases were beyond the reach of the highest skill in the world, and that it was impossible that they should have come to any better result. They seem to regard it almost as a sin to express the least doubt to the contrary. With this state of feeling, existing to such an extent as it does in some parts of the country, no jury could be found sufficiently unprejudiced to inflict any just penalty upon a bone-setter for mal-practice; though they would inflict it to the full, if the same facts were proved to them in regard to any educated surgeon.

The testimony of physicians in such cases would be very apt to be disregarded, however rational and clear it might be, unless it could be brought to confront the testimony of the bone-setter himself. Whenever this is done, educated skill always comes off victorious over quackery. Nothing so exposes and demolishes quackery, as a well-directed examination of the quack himself. It dispels from the minds of the jury the false notion of a natural gift that needs no teaching; a notion, which, so long as it remains in the mind, effectually prevents any candid examination of the facts. They are made to see by such a course, that the joints of the body are constructed upon mechanical principles, and that they are to be understood just like any other machine; and the ignorance and consequent want of skill of the bone-setter become even ridiculously palpable. Some few years ago a physician in Springfield, Mass., was prosecuted by a patient for mal-practice. The case had fallen from his hands into those of a celebrated bone-setter, who appeared as a witness at the trial. The physician was triumphantly acquitted, and the exposed ignorance of the bone-

setter had more influence with the jury, than all the display of surgical knowledge on the part of the faculty, drawn out by the learned counsel.

It now remains for me to show why it is that natural bone-setters, in spite of all their ignorance and their mistakes, acquire such a reputation for success, as they often do. I deem it a very easy task to do this to the satisfaction of any reasonable person.

I have already alluded to those cases in which the bone is not dislocated, but the patient supposes, and the bone-setter supposes, or, as is more often the case, *pretends*, that there is a dislocation. These are the cases which are the principal source of the bone-setter's reputation. He pulls upon the affected limb and performs various manœuvres with it, and then thinks, or pretends, that he has 'set' the bone. In time the limb of course in most instances gets well, and thus in a case of mere sprain he gains the credit of having performed a wonderful operation. Especially is this so, when the patient has been first examined by a regular physician. *Probably more than half of the reputed cases of dislocation which come under the care of bone-setters are nothing but sprains.*

It is easy to see how the credulity of the patient can be imposed upon in such cases. He supposes that there must be something out of place, and is not satisfied with being told that there is not. Rest, the principal remedy in such a case, seems to him to be a very ineffectual remedy at least, and he gets out of patience. His imagination, with the aid of friends, and neighbors, at length conjures up before him the idea of a limb forever crippled. The bone-setter is now consulted, and he says, of course, that there *is* something wrong. No bone-setter was ever known to say otherwise under such circumstances. After executing

certain manœuvres, he pronounces all now to be right. The patient is now satisfied, although the limb improves no faster than it did before, perhaps not so fast. He is satisfied, because he feels now that *something has been done.* If the surgeon who first saw the case had gone through with the same pretended setting of the joint, the patient probably would have been equally well satisfied. A surgeon of some note once remarked, that he pulled nearly all the sprained joints that came under his care and pretended to set something right; 'for,' said he, 'if I did not do this, such patients would go to a bone-setter to have it done, and he would do them some harm, which I am careful not to do.'

But it may be said, that in many cases the testimony of the patients in regard to the setting of the bone is of the most positive character, and even that decided relief is at once experienced. That it is often imagined, I know. I have seen many cases of this kind, in which there was the most undoubted evidence that the relief was wholly imaginary.

As the deception of the bone-setter in such cases is so common, and so successful, even with persons of shrewdness and discernment, I will mention two cases in illustration.

A stout Irish girl had an inflammation of the ankle, which had come on gradually. She in some way imbibed the idea that the ankle was out of joint, though she did not remember to have hurt it in any way. I told her that it was not possible to put the ankle out of joint without knowing when it was done. But she chose to send for the bone-setter. He came and pretended to set the ankle, and she declared that he relieved her at once. The inflammation however was still there, and was gradually dissipated by appropriate remedies.

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A gentleman, esteemed to be very shrewd by all his friends, received an injury of the first joint of his forefinger, which resulted in inflammation. After commencing medical treatment, he was persuaded to consult a bone-setter. He returned with a poor idea of the knowledge of regular physicians, because '*they could not even set a dislocated finger*,' and loudly praised the skill of the bone-setter. He soon found, however, that the finger was no better, and, openly declaring that he had been deceived, submitted the finger to proper treatment, which in a little time removed the inflammation.

These two cases, taken from the two extremes of rank and intelligence in society, are fair examples of the imposition which is so frequently practised by the bone-setter upon all classes of his patients.

In this connexion I will notice another class of cases not so numerous, in which the bone-setter either imagines or pretends there is fracture, when there is nothing but a sprain, or an injury of the nerves of the limb, producing inability of motion. Such cases, at least in old persons, recover slowly. If the bone-setter puts on his splints, he commits a great error, but it is an error that may not be detected. The splints are taken off in due time, and the limb has recovered through the influence of rest alone.

There is another small class of cases from which bone-setters get much credit, and in which their bold practice, I will candidly allow, sometimes really does good. In the recovery of injured joints there sometimes form adhesions, which seriously impair their power of motion. I have said that the bone-setter operates on almost every case that presents, and he takes hold of these cases with a strong hand. He breaks up the adhesions, and sets the joint free. A regular surgeon would hesitate to do it, from the fear of

inflicting an injury upon his patient greater than he would suffer if the joint were to remain with its limited power of motion. The bone-setter fearlessly runs this risk, for he has no very delicate sense of responsibility to prevent him from doing it; and if he does harm, he knows that a large portion of the community have so high an idea of his 'gift,' that they will absolve him from all blame. He may do great violence at times, and make some very bad cases; but there is little said about these, while the cases in which he has the good fortune to be successful are in everybody's mouth.

The bone-setter sometimes acquires considerable reputation from some cases of stiff joints and contracted tendons, which are benefitted by a persevering course of friction, fomentation, &c. Physicians often prescribe such a course in such cases, but they do not, like the bone-setter, make the applications themselves, nor perhaps see that they are made. In the one case the course is faithfully pursued, and in the other it is not. A gentleman who had a stiff knee cured by a quack principally by friction, detailed the treatment to a medical friend. 'I often prescribe just such a course for similar cases,' said the physician. 'Yes,' replied the gentleman, 'but you do not take hold and rub yourself. If I came to you with an aching tooth you would pull it, and not tell me or my friends to do it.' There was much truth in this reply. Physicians often give directions of this kind, but do not see that they are followed up by the patient. I do not mean to say that they should do all the rubbing themselves. But they should show others how it is done, and then see that they do it. All the credit which bone-setters get from neglect of duty on the part of physicians, they have a perfect right to.

Another class of cases may properly be noticed here, of

which I will cite but two examples. A lady sprained her ankle. Instead of the gradual recovery usual in such cases, the joint continued for a long time to be excessively tender —she could not bear to have it moved or touched without the most extreme care. The celebrated Professor Smith, of New Haven, on being called in to see the patient, recommended that all this caution in moving and touching the joint be discontinued, and that it at once be put to use. The prescription seemed to the patient to be a cruel one; but it was obeyed, and the recovery was rapid and perfect. The extreme sensitiveness of the joint in such cases is dependent upon two causes, the imagination and nervous irritability—sometimes almost wholly upon the former. If this case had chanced, like the one about to be mentioned, to pass into the hands of a natural bone-setter, his rubbing and other manœuvres would have accomplished the same object, and a great cure would have been proclaimed.

The other case was that of a lady, who had been long confined to her bed with a spinal disease. She supposed, and her friends did also, that it was not possible for her to move her back at all. A physician, to whom one of her friends described the case, said that he had no doubt that the disease had all been removed by the treatment which had been pursued, and that the patient could move about, and ought in some way to be made to do so. He saw that, as in the case just related, the sensitiveness and inability of motion were chiefly or wholly imaginary. And he predicted, that if she should be put under the care of a bone-setter, as her friends had contemplated, he would get her up and rub her back with his medicated applications, and she would be able to walk about in a very short time. She was carried to the bone-setter, the prediction was verified, and

her father, a distinguished clergyman, gave the quack a certificate of the wonderful cure.

I remark upon these two cases—that, while Dr. Smith prescribed intelligently, the bone-setter only *chanced* to hit right—that while the discrimination of Dr. S. saved him from applying a similar treatment to cases to which it would be inapplicable, the bone-setter does much, sometimes fatal, harm to many cases by his lack of this discrimination, (cases which somehow fail to be reported)—and lastly, that while Dr. S. had no public testimony paid to the success of his discriminating skill, the *lucky hit* of the quack has been proclaimed, by the certificate of the clergyman, as the result of pre-eminent skill, throughout the length and breadth of the land.

There is still another class of cases to be noticed. Sometimes the motions of a joint are impeded, while there is no obvious deformity; and yet the case may be something more than a mere sprain, and often turns out to be so, when the subsidence of the swelling reveals the true nature of the case. It is a sub-luxation. That is, the bone is *partially* thrown out of place, but is not fairly out of joint. In such cases merely pulling upon the joint is commonly enough to set it. As soon as the bones are sufficiently separated to allow of it, the dislocated one slips into its place, or rather is drawn into it by the muscles. I have no doubt that many such cases, pronounced by physicians to be sprains, are remedied by the bone-setter, not from any superior skill on his part, but from the fact that he makes it a practice to pull the joint in every case.

One great source of the reputation of bone-setters is to be found in the flaming reports of their cases, made by themselves and their friends, *most of which are either partly or wholly false.* These reports are got up precisely in the

same way that the reports of the great cures of other quacks are, and they have the same influence.

I will give two cases in illustration. These cases appeared in a letter in a newspaper correspondence, in which a self-styled reformer of some note undertakes to abuse the regular clergy, and regular doctors, and laud Thompsonism, and natural bone-setting.

One of these cases is that of a boy who was born with a club foot. He states in regard to him, that, after the best surgical skill of Philadelphia and New York had been tried upon him in vain, he was brought to the bone-setter, and in the course of a few weeks the boy (then six years old), was perfectly cured. This statement I know to be false. The bone-setter, so far from curing the boy, did him no good. And further, the deformity of the foot has since been relieved, so far as it can be, by the skill of one of those regular surgeons, of whom the bone-setter so modestly said to our wise reformer, "that during a constant practice of more than thirty years he has scarcely found one who understood his business," while he himself had "not in a single instance," among all his cases, committed any error.

The other case was that of a man of whom it is said that he "was caught by one of his arms by the belt of the picker, and carried over the drum [shaft?] upwards of one hundred times." The bone-setter "found that his shoulders, ribs and breast, were all badly lacerated—his left arm broken near the shoulder—his right arm broken in three places between the shoulder and elbow, much hemorrhage having taken place—his right knee broken in pieces, and partially dislocated—two of the bones of the toes of his right foot loose in his stockings—a compound fracture of the left leg—one of the condyles of the pelvis, near the back knocked off—his skull fractured above his left eye—

his scalp cut to the skull, and rolled up some distance—and his whole body covered with bruises and lacerations." It is also stated that "the physicians who were summoned, said he could not live an hour, and declined attempting to relieve him." Perhaps they would have taken this view of the case if the facts had been as our reporter has stated them. But they were not. *Nearly all* of this statement is false. That the man was carried over that shaft "upwards of one hundred times," none but a stark-mad reformer is foolish enough to believe—the man's shoulders, ribs and breast were *not* "badly lacerated"—his right arm was *not* "broken in three places," but only in one, and that not badly—there was *not* "much hemorrhage," but almost none—his right knee was *not* "broken in pieces," and was *not* "partially dislocated," but there was merely a small abrasion of the knee-pan—there were *not* "two bones in his stockings," but one small piece of bone in one stocking—there was *not* "a compound fracture of the left leg," but a simple one—"one of the *condyles* of the pelvis near the back" was *not* "knocked off," for there is no such thing in the body, and besides, the man himself says that there was no injury of the back, and so says his wife who took care of him—his skull was *not* "fractured above the left eye," nor anywhere else—his scalp, instead of being "cut to the skull and rolled up some distance," was not enough injured to leave any scar—"his whole body" was *not* "covered with bruises and lacerations"—and finally, the physicians did *not* say that "he could not live an hour," for they saw no *mortal* injury in three simple fractures. But not only is this statement false in almost every particular, but there are some facts in regard to this case which are omitted. Under the care of the bone-setter the right arm united in bad shape, though the fracture was simple and perfectly

manageable; and the leg, before it became firmly united, was broken again by the bone-setter in an attempt to 'stretch down the cords,' as he expressed it, and finally came under the care of one of those regular 'scientific' physicians, of whom our reformer says that "probably not one in a hundred knows how to manage such cases." If it had been under his care from the beginning, the leg would undoubtedly have healed in good shape, but now there is a large irregular callus, which was produced by the violence done to it by the ignorant bone-setter in 'stretching down the cords.'*

No wonder that such a collector of facts as this reformer has proved himself to be, should make the sweeping remark, that "there is incomparably more of quackery in the schools of law, physic, and divinity, than there is out of them." The other cases, which he gives in his letter, are probably about as worthy of belief as the two which I have extracted. And these two are a fair sample of the degree of truth in the wonderful stories which are told in relation to the feats of bone-setters.†

* It will be proper for me to state that I had no personal interest in this case, and I became acquainted with the facts in an accidental call upon the family of the patient some time after the accident.

† Some of the certificates of the bone-setter, like those of other quacks, are of the most unwarrantable character.

A physician of great eminence was once called to see a clergyman who had sprained his wrist. The sprain was a bad one, and produced considerable inflammation, and therefore gave him great pain. The treatment which my friend pursued relieved the patient, and nothing was wanting but rest to complete the cure. But he very imprudently and in direct disobedience to his physician's injunctions, drove a spirited horse on quite a long ride with his lame wrist, and of course renewed in some degree the soreness and inflammation. He now put himself under the care of a bone-setter, and after his wrist got well, forgetting the *gratuitous* as well as successful services of his physician, this clergyman gave the quack a laudatory puff in one of the public papers.

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I flatter myself that I have made it clear to the reader, that it is no difficult matter for the natural bone-setter, in spite of his ignorance of the structure of the joints, and his consequent mistakes in managing injuries of them, to acquire a reputation for skill, especially if he have some mechanical tact, a good share of shrewdness, a plausible way of *embellishing* his narratives of cases, and impudence withal. I have said that a very large proportion (probably more than half) of his reputed cases of dislocations are mere sprains. All these he gets the credit of setting, and many of them after they have been seen by some physician. Add to these his occasional lucky hits in breaking up old adhesions, and in setting by his random pulling some subluxations, and here is material enough, with a loose veracity, to make up a reputation in this credulous and marvel-loving world.

CHAPTER VIII.

GOOD AND BAD PRACTICE.

One would suppose at first thought, that the difference between the results of good, and those of bad practice in medicine, would be palpable to the most common and superficial observation. But it is evidently not so. Facts in great abundance show that it is far otherwise. The history both of medicine, and of quackery, furnishes many instructive lessons on this subject. If we confine our view to the medical profession, we see often two directly opposite modes of practice praised by their adherents, as being successful in the same complaints. We see the profession and the community both divided on this point, each party asserting with zeal the claims of its favorite system of practice to pre-eminence.

I will cite but a single example in illustration of these remarks. Some years ago there was a warm discussion carried on among quite a large portion of the medical profession in New England, in regard to the general character of diseases in this part of the country, and their proper mode of treatment. One party, at the head of which was Dr. Gallup, asserted that the diseases of New England had been, since the beginning of the present century, almost altogether sthenic or inflammatory, and therefore had re-

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quired depleting remedies. Another party, whose chief champions were Doctors Miner and Tully, contended that diseases had been asthenic, or characterized by debility, instead of an inflammatory tendency, and that they therefore required stimulants. While Dr. Gallup denounced the treatment of disease, pursued by the adherents of Drs. Miner and Tully, as "incendiary treatment," and lauded bleeding as the chief remedy for the present time; Dr. Tully, on the other hand, says that "the lancet is a weapon which annually slays more than the sword," and that "the king of Great Britain, without doubt, loses every year more subjects by these means"—depleting remedies—"than the battle and campaign of Waterloo cost him, with all their glories."

Now if it were easy, by looking at results, to decide in all cases what is good, and what is bad practice, it is evident that such diametrically opposite modes of treatment could not be in vogue at the same time. The proper distinctions would be made, and the good practice would be approved, both by the profession and by the public; while that which was seen to be injurious in its results would at once be rejected.

So also, if it were easy to make this distinction, the truly skillful physician could always be recognized as such, while the unskillful and ignorant practitioner would not be able, as he now often is, to obtain from the public, in spite of his deficiencies and his blunders, the meed of praise due to real merit and actual success. The quack, too, would stand forth in his true light; in contrast with the man of science in the results of his practice, instead of claiming, with brazen effrontery, and receiving from the multitude, as he now often does, the credit of being even pre-eminently successful.

There never was such a variety of systems of quackery before the community as there is at the present time. To say nothing of minor claimants, there is Thompsonism, almost parboiling its patients with steam, and shaking them to shreds with lobelia, and burning them up with cayenne; and Hydropathy, that wraps up its devotees in the cold, wet blanket; and then gentle, sweet, refined, sublimated Homœopathy, that starts with horror at the very idea of such harsh means, and professes to neutralize all disease with little else than the mere shadow of medicine. Each one of these systems, so opposite to each other, asserts its claim to be the only true system of medicine, and bases this claim upon the success which attends it. The same claim is also essentially made in behalf of numberless medicines which are before the public.

Amid all these opposing claims many are bewildered, and ever in doubt where the truth lies, are never established upon anything, but fly from one thing to another, as the evidence of success preponderates in favor of this, or that medicine, or system. Others become the firm and enthusiastic advocates of some one of them, but after a while discard this for another, and few adhere to any one thing during a whole life. And it is amusing to see with what ease some make the transition from one mode of practice to another, which is totally different from it, being quite sure that they are right in doing so; and yet, if they are right, the error from which they have escaped is a very great one. They do not however always view it in this light, for they sometimes recur to their former preferences, though they are as inconsistent with their present ones as they well could be. If Homœopathy be right, then Thompsonism must be *very* wrong; and yet I have known persons, who are disposed to quackery, go from one to the other, and

speak in praise of both as being successful modes of practice, without seeming to be aware that they are so entirely opposite to each other. So there are some, who at the same time manifest confidence both in the common practice of medicine, and in Homœopathy; though if Homœopathy be right, almost the whole body of physicians are rank murderers, and if physicians be right, Homœopathy is as ridiculous an error as ever obtained a foothold in the community. And then there are some, who appear in the space of a twelvemonth, at different times, as the advocates of Homœopathy, Thompsonism, Hydropathy, and perhaps Chrono-thermalism, to say nothing of various patent medicines from some College of Health, or some German physician, with a long list of titles, or some Indian doctor laden with remedies fresh from nature's rudest and most secret arcana.

Now it is clear, that if it were an easy thing to decide what is successful practice and what is not, from an observation of results, then there would not be such diversity, nor such frequent change of opinion in the public mind, in regard to modes of treatment so directly opposed to each other, as those are which I have mentioned. The advocates of them would not so boldly urge their claims, knowing the facility with which these claims could be tested. But the difficulties which actually lie in the way of testing them are such, that the community are exceedingly liable to be deceived. Practice, which is really unsuccessful, is often made by its advocates to appear for a time at least, to be more successful than any other mode of treatment, and it is often only by long continued observation that this error is corrected.

This error exists at this time among a large portion of the community in relation to Homœopathy, and it is to be

removed by the same gradual process, by which all kindred errors have been removed hitherto. By observation it will be found by its advocates, one after another, that its reputation for success is founded upon mistake, and it will thus step by step lose its hold upon the public favor, to make way for some other system, which in its turn must go through with the same process.

Those who embrace some form of quackery from mercenary views, are aware of the facility with which the multitude are deceived in regard to the comparative results of different modes of practice; and it is this which makes them so confidently anticipate at least a temporary success. Homœopathy furnishes many examples of this character. While there are a few in the medical profession, of a peculiar cast of mind, who are honest Homœopathists; there are others, of various degrees of intellectual merit, who have adopted this mode of practice, simply because they have failed to acquire business in the ordinary way, or because they saw in the adoption of a system, just now popular, a fair prospect of so increasing business, as to secure wealth instead of a mere competence; and others still, who have dubbed themselves physicians, have gone into the practice of Homœopathy, as mere adventurers, preferring very wisely to try their luck on the tide of a popular error, instead of trusting to knowledge and skill, of which they have little or none. These two last classes of Homœopathic physicians indulge the hope, that the community will be deceived, in regard to the success of their system of practice, a sufficient length of time to enable them to realize their golden expectations; and then, when this false system shall be supplanted by some other, they will be ready to adopt that other for the same *solid* reasons for which they have adopted this.

I need not dwell longer upon the proofs of the fact, that the comparative success of different physicians, and different modes of practice, is not easily discovered by the public, nor even always by the scientific observer. Before I proceed to show why such a difficulty exists in regard to this point, it is best that the reader should understand distinctly what I mean by good and bad practice.

I do not mean by good practice, the use of remedies which are essentially good, that is, beneficial in all cases; nor by bad practice, the use of remedies which are essentially bad, that is, injurious in all cases. There are no such medicines. Thompsonians claim that there are—that cayenne, lobelia, &c., are always beneficial, while calomel, opium, &c., are always deleterious. And this view of the subject is not confined to Thompsonians. There is a strong tendency to this exclusive notion in regard to remedies and systems of practice abroad in the community, and it is occasionally witnessed even in members of the medical profession.

If it were true, that some one system of remedies and doctrines is wholly good, while all others are bad, it would be very easy for the community to decide between what is good, and what is bad practice in medicine. It would only have to watch, and whatever it saw uniformly doing harm reject, and whatever it saw uniformly doing good retain. But the subject is not thus simplified. There are some good points in every system of practice. However bad it may be on the whole, it will do some good in some cases. For example, the Thompsonian system, though it is bad as a system, inasmuch as it is injurious, often destructive in its results as applied indiscriminately to all cases, yet sometimes does good, and very often in the same case does at one stage of it good, and at another harm. Thus an attack of fever, especially if it depend upon a disordered stomach,

may be broken up by an emetic of lobelia. Though commonly some other emetic would do it better, yet there is no question that in such a case the lobelia ordinarily does well. Now, after this is done, if the case were left to itself with rest and a simple diet, the cure would soon be completed. But the Thompsonian often undoes in part, and sometimes wholly, the good which he has done. By his heating remedies he induces a slight fever, with a morbid state of the mucous membrane of the stomach, indicated by a bad tongue, red, or furred, or both; and he thus makes a lingering case of one which should have been a short one, and perhaps creates slow disease, of which the patient may never get rid by any treatment.

But I will take an example from the practice of physicians, as well as from quackery. The stimulating practice, of which some have been so fond as to apply it quite extensively in the treatment of disease, furnishes a good illustration of my remarks. As a system it is bad, just as a system on the opposite extreme is bad. And yet either of these systems is good in some cases, and often both are applicable to the same case in different stages of it. The truth is, that no *exclusive* system of practice can be said to be a good system, for it is impossible that it should suit all the varying states presented by disease.*

It is now sufficiently obvious to the reader, that I mean by bad practice, simply that which is inappropriate to the

* The above remarks may be applied to an exclusive system quite popular just now—I refer to Hydropathy. Cold water is a valuable remedial agent, used both internally and externally, as the recorded experience of medical men abundantly proved long before Priesnitz appeared on the stage. But the indiscriminate and exclusive use of it, which is prescribed by his system, is as bad practice as the indiscriminate and exclusive use of anything else—and *a full and impartial record of Hydropathic practice would show it to be so.*

particular case under treatment. And it is also obvious to him, that a correct decision upon this point, made from observation of results, is arrived at with much more difficulty, than it would be, if what is good in practice were wholly and always good, and what is bad were wholly and always bad.

I will now proceed to show what are the real points of difference between the results of good, and those of bad practice, and why it is that the community are so liable to mistake in their attempts at comparing these results.

In the chapter on the Uncertainty of Medicine, I treated quite at large of the *vis medicatrix naturæ*, or the tendency of the system to throw off disease, and thus cure itself. *In the great majority of cases of sickness which fall under the care of the physician, this recuperative power is competent to effect a cure if they are left to themselves, and in most of them it will do so, even though a positively bad treatment may be pursued.* Let me not be understood to say that the kind of treatment which these cases receive makes no difference with them. It does make a great difference; but this difference does not ordinarily have any direct and present relation to the question of life and death, but it lies in circumstances which may be subjects of dispute, viz., the length of the sickness, the course which the symptoms take, the injury inflicted upon this or that organ, or upon the constitution, &c. Of these points I shall soon speak more particularly.

The cases, in which the difference in results between good and bad practice is immediate and palpable, are then few in comparison with the whole number of cases which come under treatment. It is in these few cases only, that it is of *present* vital importance to pursue exactly the right course. And if the community could select these from the

whole mass of cases, separating them both from those which are mild, and from those which were originally mild but have been made severe by injudicious treatment, and then should make these cases the basis of an estimate of the comparative success of different modes of practice, it might arrive at a just conclusion. The really skillful would like to be put to such a test, in comparing him with the ignorant and unskillful, whether they be in or out of the profession. For it is in such cases that quackery and unskillfulness most signally fail, and it is only by escaping this test that they escape the disgrace and neglect which are their due. At a future stage of my remarks, I shall point out the insuperable difficulties, which are in the way of making the selection of cases above alluded to, and forming an opinion upon them.

Before leaving this point I would remark, that the failure, of which I have just spoken, though not generally obvious to the common observer, does sometimes at length open the eyes of those, who have relied upon their own judgment in medicine, or upon the plausible pretensions of quackery. And unfortunately such persons commonly have to regret that their eyes are opened too late. For example, a family may go on for some time, even for years, without asking for the services of a physician, and, though they may have some sickness occasionally, they get along apparently very well by their own domestic management, with now and then the use of some patent medicine, or the advice of some popular empiric. All the cases of disease, which occur in this family during this period, are of such a character, that nature herself could cure them unassisted, or even when injudiciously meddled with. They all result, therefore, in recovery, though an impaired constitution is produced in some of the members of the family by this

irregular and bungling management. At length, one of them is taken sick with a disease of so grave a character, and in such an amount, that a nicely-adjusted mode of treatment affords the only chance for safety. Everything now goes wrong, and, perhaps, after the case has become desperate, a physician is called in. I know not what is more trying to the feelings of a humane physician than such a case as this. He sees before him a fellow-man, perhaps a kind neighbor, or a valued friend, on the brink of the grave, the victim of error. He cannot rebuke the family for the course which they have pursued, for they have been honest in it, and it would do no good now. It is too late, and it would only add to the anguish which they suffer, in the prospect of losing one so dear to them. He sees that for a long time they have been drinking in quackery, and now that they have come at last to the very dregs, they have called him in to partake with them of its bitterness. There is a struggle between his feelings and his sense of duty. He would gladly have nothing to do with a case thus thrown upon his hands in the hour of its extremity, but he is bound to do all to save a fellow-being from death that can be done, even to the last; and then he remembers that recovery has sometimes taken place, when death seemed inevitable. He therefore addresses himself to his task, but it is in vain. The patient dies. An examination of the body reveals to the physician, as clearly as anything can be revealed, the fact, that the treatment which was pursued, previous to his taking charge of the case, was inappropriate and destructive.

This is no fancy sketch. Physicians are occasionally obliged to witness such scenes. I have a vivid recollection of one which occured in a case of so interesting a character, that I will briefly notice it. The patient was one, who,

with most of his family, had pursued such a course as the one I have described. He had himself, taken Thompsonian remedies for a long time, for what he supposed to be a 'bilious trouble.' He at length was suddenly laid upon his bed by a most violent attack. Though he had faith enough in Homœopathy to take some medicine at the hands of a disciple of that school that very morning, he put himself under the care of a Thompsonian. In a few hours, being satisfied that his favorite system was not working well now, though he thought it had done so heretofore, he requested that I should be sent for. As I expected from the aspect of the case, though he gained some relief to his sufferings, he died. On examination after death, we found extensive chronic inflammation of the stomach and bowels, which had evidently been accumulating for some time, and which at length, by a sudden aggravation from some unknown cause, produced the attack which destroyed his life.

In regard to this case it is clear, that if the course which this patient pursued for weeks and months before the final attack, was not adequate of itself to cause such an inflammation, it at least was directly calculated to foster it when it was once begun. And yet, because Thompsonism had never absolutely killed any member of his family, he confided in it most fully, though it was hurrying the disease within him on to a fatal termination; and he let go of that confidence, only when it was too late to retrieve his error. And farther than this, the probability is, that if he had put himself under the care of a judicious physician, when the inflammation had but just begun, it might have been overcome, for cases of recovery from this disease, when early put under treatment, are not at all rare in medical experience.

In the case which I have related, the influence of bad

practice was palpable; but even here it was not so during all the time it was doing its deadly work, but only after that work was done. And in most cases in which bad treatment has been ruinous in its results, the evidence is not such, even at the conclusion of the case, as will satisfy the public, at least that portion of it which is inclined to quackery. An examination after death is not always obtained; and when it is, it will not always afford us as clear evidence, as was seen in the case above related, for both disease and medicine may destroy life, without leaving any manifest and undisputed traces of their action, to be revealed by the knife of the anatomist.

If a lawyer make a mistake, for example in framing some instrument, it is readily seen to be a mistake, and definite and known results follow, clearly exposing his ignorance. But if a quack, or a physician, through mistake in the treatment of a case, destroy life, or fail to save it, when it could be saved by the use of proper means, we can very seldom have the opportunity of exposing such ignorance, because as you have seen in the chapter on the Uncertainty of Medicine, it is so difficult to connect effects in the human system indisputably with their cause. Suppose the fatal mistake is manifest to physicians, who happen to know the facts in the case; how can they demonstrate it to the satisfaction of the public? The only undoubted proofs of it are often buried with the patient; and if they are not, but are brought to light, even as clearly as in the case which I have described, the community do not adequately appreciate their value, as the honest and high-minded physician is often pained to find, in his conversations on this subject with even intelligent men. Many a popular and fashionable physician, as well as the quack, is saved by the causes

to which I have alluded from any effectual exposure of his ignorance and unskillfulness.

I have said that it is by no means easy to cull out from the mass of cases those in which the treatment must necessarily affect the question of life and death. There are inherent difficulties in the way of doing this. Even the skillful and careful observer may mistake in the attempt to do it, from the fact that the first appearance of a case does not always indicate the amount of disease, nor its obstinacy. While some cases, which appear of a grave character at the outset, turn out to be mild ones, when the disturbance of the attack is once over; those, on the other hand, which seem to be mild, are sometimes found to contain in concealment the elements of destruction. And if this difficulty seriously embarrass the physician in making the selection spoken of, much more then would it embarrass the community.

But there is another still more effectual obstacle, which prevents the public from making this selection with any degree of correctness. It is found in the representations, which are made by different physicians and empirics, of the cases under their care. There is great difference in physicians in regard to the degree of hope which they indulge in relation to their patients. One who is apt to be desponding will, from this cause, make such representations of the cases under his care, as will create the impression, that his patients are much more gravely sick, than those that are quite as sick under the care of another physician, who has a strong tendency to hope. And besides this, some make willful misrepresentations for their own selfish ends. A very common artifice, for the purpose of gaining credit, is to make great cases out of small ones. This is easily done. I will suppose a case. A child is taken sick, and

the parents are full of anxiety. The physician sees at once that the case is not at present a grave one, and that remedies will probably in a short time give relief. If he be honest he will say so, and remove the undue anxiety of the parents. But if he be disposed, as many are, to make capital out of the anxieties of his employers, he will say that the child *is* very sick, and perhaps that 'it is well you have called me so soon,' or, 'I wish that you had called me before, but I think on the whole that the little one *can* be relieved.' Every physician knows how readily the imagination of a parent may be excited in relation to the symptoms of disease in a darling child. He has seen things believed to be true, under the influence of such an excitement, which have not the slightest foundation. How easy is it then in such a case to practice deception, or at least to leave the parents to deceive themselves with the figments of their own fancy. If the physician manage adroitly, his skill will be proclaimed with all the zeal which gratitude for a restored child can prompt. How dishonest, how *cruel* is such a course! For the sake of his own reputation, he has given poignancy to the pangs of anxiety in the bosom of fond parents, when it was plainly his duty to quiet their fears, by telling them the true nature of the case.*

The physician who practises such deception is indeed occasionally detected; but if he have tact enough to avoid being *often* detected, and if he have effrontery enough to face down those who see through his arts, such occasional

* When an epidemic is prevalent, such a physician instead of allaying the undue public excitement, as it is his duty to do, increases it by his very grave and wise air of conversation, and by his reports of his cases, of which he is apt to have more than his neighbors, and to be of course very successful in their treatment. Even when there are only distant rumors of the epidemic, he has occasion to report to gossiping circles some cases which at least come *very near* to being true cases of it.

detection is but a small hindrance to success. In the case which I have supposed, the friends of the physician of course would claim for him, that there really was danger, and that he had the sagacity to see what common eyes could not. And the parents of the child would be very slow to believe that all their fear and anxiety were unfounded. Their pride, if nothing else, would prevent them from admitting this to be true.

The risk of a real exposure of the deception being so slight, it is not strange that selfish and cunning physicians should be so fond of this artifice. Some acquire great skill in the use of it, and contrive by this means to make many tongues busy in proclaiming their wonderful cures.

The accounts, which empirics give of the cases under their care, are very commonly misrepresentations. For, from their ignorance of medicine, they are not capable of appreciating in any just manner the character and amount of disease, and the influence of remedies. And besides, they have ordinarily very little regard for truth, the object of most of them being to make the credulity of the public subserve their pecuniary interests. They are accordingly very loose in their ideas of disease, and often represent things to be alike which have no real resemblance to each other. The Thompsonians furnish constant illustrations of this remark. If a man who was in pain has obtained relief under their management, and some one else, who had pain in the same part of the body, or somewhere near it, has died under the care of a physician, they are apt to say without any farther evidence, that the pain was from the same cause in the two cases. So also, when scarlet fever is prevalent, they often represent many as having this disease, who have nothing but a common cold, or a slight fever from disordered stomach, and thus get the credit

with some people of cutting short a disease, which, under the care of educated skill, cannot be prevented from going through its natural course.

It is manifest that the misrepresentations, thus made by many physicians, and by all empirics, must add much to the difficulty of judging of the comparative success of different remedies and modes of practice. And this difficulty is much increased by the accretion of falsehood, which is certain to be made to these misrepresentations, as busy rumor passes them about in the community.

Another obstacle to the formation of a just estimate of comparative success in medical practice, is found in the influence of bad treatment upon cases, in which the disease is small in amount and mild in its character. While the judicious physician cures all such cases so readily, that they excite no general interest, the unskillful practitioner and the quack make bad cases of some of them; and yet they are apt to end in recovery, although they appear to be of so grave a character. For a case, which has become bad by improper treatment, is not commonly in as dangerous a condition, as one that has become bad in spite of good treatment. In the latter case you see overpowering disease; while in the former you see little more than the bad influence of inappropriate medicine, which is apt to disappear when the medicine is withheld. The common result of such a case is, that at length the treatment is gradually given up, and the patient, in consequence of its being given up, gets well.

I will briefly cite two examples in illustration of this point.

A gentleman, who had a friend sick under the care of a physician, who was strongly in favor of the stimulating mode of practice, was led to doubt the propriety of the

treatment, and as he watched the case he doubted more and more. He at length ventured to lessen the amounts of brandy and laudanum, taking care to conceal the fact from the patient, who was every now and then calling for them, because he felt a death-like sinking, and he was afraid that his pulse was failing. He found that in proportion as he lessened them the case improved, and he very soon discontinued them altogether. There is not a doubt, that in this case the stimulants, though affording temporary relief to the patient's sense of exhaustion, kept the man sick, and the discontinuance of them was the cause of his recovery. A similar experience has been detailed to me by others.

Such cases as the one which I have mentioned may appear very badly, and yet the amount of disease may be slight. Some disordered state of stomach, which a very little appropriate medicine, with the aid of rest and a proper diet, would remove, is often the whole of the disease. I will give here the testimony of one among many physicians to substantiate this assertion. The physician, to whom I refer, told me, that when he began to practice, there was an elder physician on the ground, who used brandy and laudanum largely in a certain class of cases. They were cases in which there was disordered stomach, with considerable tendency to a depressed state of the whole system. The patients were commonly sick from one week to three, or even four weeks, and though they excited much alarm among their friends, they all, with but a single exception, finally recovered. He followed the example of his elder friend for some time in similar cases, but he soon began to doubt the propriety of such high stimulation. The result was, that after a while he resorted to a very simple practice in such cases, which produced entire

relief in one or two days; whereas, under the stimulating treatment, they would have been long and troublesome.

I might mention many cases from Thompsonian practice, which would illustrate the same point, but it is not necessary.

Though the community do not generally distinguish between cases which are necessarily of a grave character, and those which are made so by bad treatment, there are occasionally individuals, who do to some good extent make this distinction.

A clergyman, who is blessed with a good share of plain common sense, in addition to his high talents, and who has uniformly eschewed quackery in medicine as well as in theology, told me that he was once conversant with the practice of two physicians of entirely opposite characters, during the prevalence of an epidemic. The one gave large amounts of medicine, and much of it was of a stimulating nature. He had a great many very sick patients, and there was much noise made about his wonderful cures. The other went about among the sick very quietly, gave but little medicine, and the number of his cases that were protracted and severe was comparatively small.

Another instance which I will mention was that of a gentleman, who employed a large number of men in a factory. A great many of them were taken sick, one after another, with what was called the "*sinking typhus.*" He observed that some of them were but slightly ailing at first, and were able to be about the house, but that after a while, under the stimulating practice, they were laid upon their beds. Some died, and many of them were severely sick for some time. He doubted the propriety of the treatment, and his doubts increased with every day's observation. At length he persuaded some who began to be sick to take some

simple medicine, and not send for the physician. The result was successful, and he recommended the same course to a large number, none of whom became very sick.

As the community are not apt to make the discrimination which was made by these two individuals, it is easy to see how the injudicious physician and the quack often get the credit of success, in their management of apparently grave cases, when in fact these cases need never to have been of this character, but they might have been cured at the onset by a judicious course in a very short time, or perhaps by the spontaneous efforts of the curative power of nature. The unskillful and ignorant practitioner often suffers disease to establish itself, and thus makes a long case, though even ordinary skill would have succeeded in at once breaking up the attack. And yet, when the patient at last recovers, he may be applauded throughout a neighborhood, perhaps a whole community, as having raised the sick man almost from the dead, when perhaps in the same neighborhood, in a case of a similar character, the attack was successfully broken up, and no credit was given to the skill which did it. This is a point on which undoubtedly the public often give a wrong verdict in their estimate of comparative success.

In order to show the readiness with which the public commit errors, on the points to which I have alluded, in their estimate of comparative success, I will suppose a case which occurs not very unfrequently. Here are two rival physicians side by side. The one is really skillful, and, if the results of his practice could be justly estimated, he would obtain great credit for success. He engages in medicine, not as a mere trade, but as a noble science. He pursues a straightforward, honorable, and quiet course, resorting to no tricks to acquire business. The other, on the con-

trary, is unskillful, cares little for medicine as a science, depends upon artifice, rather than real merit, to obtain business, and, though he may desire to be successful, he desires more that he may have the reputation of being so. The issue which is made by these two physicians before the public is a false one. Though the unskillful one loses more patients than the other does, in proportion to the whole number who come under his care; yet he perhaps does not lose as many, in proportion to the number of those which are considered bad cases by the community. For he makes many cases to be bad ones which need not to have been so, and, besides this, represents many as being bad, that are really not attended with any danger.

Suppose, to make this clear, that each physician has one hundred cases of some prevailing epidemic—that each has thirty bad cases—that the skillful physician loses five of these, the unskillful one eight, the real balance being therefore much against the latter. But the latter more than compensates for this difference, by making ten bad cases out of comparatively mild ones, of which he loses perhaps but one or two, (such cases having, as I have before shown, a strong tendency to recovery,) and by representing ten others to be bad cases which are not so. How then stands the account? The unskillful physician, has, it it true, lost more patients than the other. But then, he has *appeared* to have more cases of the epidemic fall into his hands; for, while his rival has had but thirty bad cases, he reckons up fifty of his as having been of this character, and the community know but little of those cases which are acknowledged to be mild ones—these make no noise, and are not commonly taken into the account, in the estimates which the public make on this subject.

I do not mean to be understood, by stating these results

in numbers, that the community generally estimate them in this definite manner. I only present the subject in this way in order to show, that, while the real results tell strongly in favor of the skillful physician, even a numerical estimate might tell against him; that is, as it would be made out by the community, if they should attempt it. If then an erroneous conclusion would be so apt to result from any attempt at a numerical estimate on the part of the community, much greater is the liability to error in the vague general impressions which prevail on this subject. Many an unsuccessful practitioner has obtained a greater reputation for success than his really successful neighbor, from the noise which is made about his *numerous* bad cases.

I come now to speak of some other points of difference in the results of good and bad treatment, in regard to which the community are commonly even more deceived, than on those of which I have already treated.

In managing a case, in which disease has become so seated, that it cannot be broken up, but must be removed gradually, it is evident that the more judicious are the means which are applied from day to day to the varying states of the case, the shorter will be the sickness. It is in the accurate adjustment of remedial means to the ends to be accomplished, that unskillfulness makes a great failure; and yet it is a failure, which is for the most part concealed from the public, because it can be satisfactorily detected only by a nice comparison of cases. And this comparison cannot be made by the public, for reasons which will soon be stated.

But the adjustment of remedies to the varying states of disease has an influence beyond the mere circumstance of the length of the sickness. The judicious physician saves

his patients from unnecessary complications in their diseases; while the injudicious physician and the quack are apt, not only to neglect to prevent or remove such complications, but to excite and foster them. For example, if there arise in the course of a case of fever some local inflammation, the judicious physician notices the symptoms of it, as soon as they appear, and immediately applies remedies to remove it, and commonly succeeds in so doing. On the other hand, unskilfulness would be blind to the fact that such an inflammation exists, and would therefore make no efforts to destroy it, but would perhaps unwittingly increase it. The same difference between skilful and unskilful practice could be pointed out in regard to other kinds of complications—congestions, irritations, and functional derangements of different organs.

But let us look beyond the results which occur during the progress of disease, and examine those which appear after recovery has taken place. When one recovers under injudicious practice, his system is not apt to be in a good state. His convalescence is not a clear one, and his recovery is not full and complete. Perhaps his vital energies are impaired, and his constitution has received unnecessarily an injury, from which it may never wholly recover. Perhaps some local chronic ailment is left behind, which, though it may trouble him but slightly for a long time, may yet be the germ of some future disease. Such a state of things is not inconsistent with a tolerable condition of health, even when there may be such disease, as will gradually accumulate, till it bring him to a bed of sickness, perhaps of death.

These remote consequences of bad practice are the more certain to occur, if the patient go on, after recovery, to administer medicines to himself according to his own

whims, or those of others. Many very tedious cases of this kind fall at length under the care of physicians, from the hands of quacks, who are thus often spared from witnessing the results of their ignorance and imposture, and from bearing, in the estimation of the public, any responsibility in relation to them.

The influence of bad practice upon the health of families, it is evident from the above facts, must be very great; and yet it is seldom appreciated at all, and never as fully as it should be. There is no question of the fact that there is generally a much larger amount of sickness, from year to year, in families that employ unskilful physicians or empirics, than there is in those who are under the care of skilful practitioners. And though the public cannot discriminate accurately between individual cases in regard to this point, they can see the evidence of this general fact, especially in comparing good practice with gross quackery. This evidence will go on to increase, inasmuch as the evil effects of quackery, continued in a family from year to year, are constantly accumulating; a result which is materially aided by the unnecessary dosing, commonly pursued by them in the intervals of sickness. And from this accumulation we may infer, that what we now see of the bad consequences of quackery is but a shadow of what we may see hereafter.

Let us now sum up the points in which the practice of the really skilful physician differs in its results, from that of the injudicious practitioner, and the quack.

1. He has a less number of fatal cases in proportion to the whole number that come under treatment.

2. He has a less number of bad cases, because he avoids converting light cases into grave ones, and succeeds

in arresting disease in many cases in its very commencement.

3. His patients have commonly a shorter sickness.

4. They are in a better condition after they have recovered—less apt to have bad results left behind, and less liable to disease in future.

5. He has a less number of patients, and a smaller amount of sickness, in the same number of families. In order to discover this difference between skilful and unskilful practice, the observation must be extended over some length of time, and quite a large number of families.

That these points of difference between the results of good, and those of bad practice, may be appreciated with any correctness, two things are necessary.

First. We must have a sufficient quantity of evidence. A few facts will not avail in deciding such points—they will only lead to erroneous conclusions. Comparison is to be made, it is true, between individual cases, but there must be many of them in order to secure the avoidance of error.

The second requisite is the capability of observing correctly. I have altogether failed of obtaining one of my principal objects in this and the previous chapters, if the reader's mind is not strongly impressed with the great liability to error, which attends careless and unskilful observation in medicine. There is no subject, in the wide range of human knowledge, the investigation of which requires more care and skill than this does.

Now it is obvious, that the community in general are very deficient in these two requisites for a proper appreciation of the comparative results of practice. Most men have a very narrow range of facts, upon which they can

found such an appreciation. Their observation of sickness extends little beyond their immediate family circle; for what they see of disease any where else is not like watching over it, and what they hear, as you have already seen, is not to be relied upon. There is much which is styled fact that is not so—it is either mis-statement, or the result of hasty and superficial observation. The actual knowledge which any non-professional observer obtains of disease, by any observation of his own, to which he gives any fair amount of attention is very narrow. This assertion may be offensive to many, who are accustomed to utter their opinions, in regard to the results of medical practice, with almost the authority of an oracle. But it is nevertheless true.

But, the reader will say, if it be so difficult, and almost impossible, for me to discriminate between good and bad practice, by my own observation of their results, what shall I do? How shall I judge of the different modes of practice, and of the skill of different physicians? In answer to this enquiry, I remark, that if the reader is really convinced by what I have said, that it is almost impossible for him to judge of practice by the results which come within the compass of his observation, then it is plain that he must give up, for the most part, this source of evidence as a deceptive one, and rely upon other means for arriving at correct conclusions on these points. What these means are I shall point out in the chapter on Popular Estimates of Physicians.

I think that physicians often err in their readiness to appeal to results, to show the public the superiority of their practice to that of the quack. There is no objection to such an appeal, when a sufficient number of well-observed and authenticated facts can be produced, bearing upon the

point in question. But this cannot ordinarily be done, when the community are to pass judgment in the case. The quack likes to join issue with the physician here, for he knows how easily the public are deceived in relation to facts, and he makes his appeal before them to results with a bold confidence. The proprietor of a patent medicine points you to his wonderful cures, as the facts which must convince every one of its efficacy and value. The Thompsonian, with his red pepper and lobelia and steam, claims that he is right and every body else wrong, and appeals to his successful results as the proof. The Homœopathist comes with his little globules, and says that, laugh as you may at the tiny doses, his appeal is to the cures, which he claims they effect as if by magic. Talk with some physician who has adopted this mode of practice from purely mercenary views, and who is rather ashamed of it, (for there are such physicians)—ply him with argument, to show the fallacy of his doctrines—drive him from one strong hold to another; and at last you will come to his citadel, in which he feels perfectly secure from all your shafts. He will tell you, with a cool kind of defiance that you have not seen in him before, 'there are the facts—our medicines cure disease, and the people are beginning to see the truth.' The Hydropathist too will point you to narratives of scores of patients, cured of all sorts of maladies by nothing but a cold wet blanket, and will say, 'wonderful as it may seem, there are the results.'

So it ever has been. The same appeal has been made in behalf of all the delusions that have ever obtained a currency in any community. The Indian who performs his strange and uncouth manœuvres, and utters his howling incantations over his patient, and the Chilian doctor who blows vehemently about the bed of the sick, both, like the

Thompsonian, and the Homœopath, and the Hydropath, appeal to their facts, their cures, as the sure proof of the efficacy of their practice. The royal touch, the weapon ointment, the tar water of Bishop Berkeley,* and the metallic tractors of Dr. Perkins, were each in their time in the same way proved, to the satisfaction of the great public, to be wonderfully successful in the cure of disease. An array of facts appeared in favor of the last mentioned of these delusions, Perkinism, that surpassed altogether the results which are now attributed to Homœopathy. But time has shown that the results were falsely attributed—a fact which should teach the public a lesson, in regard to the apparent results which are appealed to in support of the delusions of the present day.

But must the physician say nothing about results to the public? Certainly he should.

In the first place, he should endeavor to guard those, with whom he has daily intercourse, against erroneous views of results in medicine, by showing them the difficulties that lie in the way of estimating them with correctness. If he succeeds at all in producing a proper impression upon their minds, and thus induces them to be modest and careful, instead of being bold and heedless, as too many are, in expressing their opinions on such subjects, he will exert an effectual influence, in preventing them from being deluded by the partial views of facts, and the mis-statements, upon which empiricism relies for its success.

In the second place, whenever he can make a comparison

* Dr. Holmes says of this pre-eminently talented and learned man—"Berkeley died at the age of about seventy; he might have lived longer, but his fatal illness was so sudden that there was not time enough to stir up a quart of his panacea. He was an illustrious man, but he held two very odd opinions; that tar water was everything, and that the whole material universe was nothing."

between the results of good practice and those of quackery, *which can be fairly understood*, let him do it. To warrant such a comparison the facts should be clear, well authenticated, and in sufficient number to justify the general conclusions drawn from them.

In the third place, whenever he can show, by facts which can be appreciated by the common observer, that the practice pursued by any pretender has been entirely inappropriate to any case, especially if this can be done by evidence discovered in an examination after death, let him do it, and explain with all clearness the nature of that evidence to the friends of the patient, and, if necessary, to the community. At the same time, he should avoid joining in with the popular disposition to ascribe death to the treatment pursued as a matter of course, whether the proof be or be not satisfactory.* There is no doubt that death is frequently the consequence of bad practice, when it cannot be proved to be so; but not even the quack, murderous as his course certainly is, should be condemned upon faulty and defective evidence.

* The bare fact that death results is obviously no proof of the want of skill, any more than the bare fact that a case has ended in recovery is proof of the possession of skill. But the disposition to which I have alluded is quite common, and gives rise to many unjust conclusions in regard to the merits of physicians. Hence physicians often manifest, in various ways, a dread of having the charge of cases, which are sure to end fatally. Some, to avoid the imputation of "bad luck," as it is expressed, often manage adroitly to throw such cases off from their own hands into those of some neighboring practitioner, or some empiric, before death actually occurs.

CHAPTER IX.

THEORY AND OBSERVATION.

All real knowledge is based upon observation; and it is the facts discovered by observation, which, accumulating from age to age, constitute the *store* of human knowledge. Not a single grain has ever been added to this store, in all the ages of the world, through the instrumentality of theory alone. Theory, or hypothesis, has often suggested the existence of facts, and has directed in the pursuit after them, but observation after all is the only agent that has discovered them.

Facts are of two kinds—particular and general. General facts are discovered by a careful observation of a great number of particular facts. Thus Newton, by observing many particular or individual facts, established the general fact, which is called gravitation, viz., that all bodies are attracted towards each other, or have a tendency to come together. So in medical science, by an observation of many facts in individual cases, it has been discovered, that there is a tendency in the human system to restoration to health, whenever it is attacked with disease—a tendency, existing as a general fact, to which has been given the name, *vis medicatrix naturæ*.

These general facts are sometimes termed principles or laws, and are sometimes spoken of as the relationships of facts. A theory, or hypothesis, consists in a supposition of relationships which have not yet been ascertained. Thus Newton, after discovering the great general fact of gravitation, supposed that there might be a sort of ether connecting bodies together, and acting as the medium of their attraction. This supposition of a relationship, or general fact, not yet ascertained, is a theory or hypothesis. So when Stahl supposed the principle called the *vis medicatrix naturæ* to be in the soul, and when Cullen supposed that it exists in the nerves and produces in fever a spasm of the extreme vessels, they both put forth a mere theory. Cullen speaks of Stahl's theory as being fanciful. It is so. But Cullen's is just as fanciful, if by this word it is meant that it is unsubstantiated by fact. Cullen's supposition is more plausible, it is true, than Stahl's; but it is no nearer being a proved fact.

There is often much indefiniteness in the use of the word *theory*. Thus the doctrine, or law of gravitation, as discovered by Newton is sometimes spoken of as his *theory* of gravitation. It was *once* his theory; that is, when it was a mere supposition in his mind. But when, by a series of observations it came to be a proved fact, it was no longer a theory. So the laws of the circulation of the blood, as discovered by Harvey, are sometimes erroneously spoken of as his theory of the circulation.

Some theories are said to be founded on facts, while others are deemed to be very fanciful. But theory can never be said, strictly speaking, to be founded on facts. It has relation to facts, it is true, but in the attempt to explain their nature, it goes *beyond* them over into the domain of conjecture.

Every one who puts forth a theory, is apt to think that all previous theories are false, while his is proved to be conformable to facts. Dr. Cullen, in announcing his theory, or doctrine (as he styles it) of fever, which is from beginning to end a series of unproved assertions, says, "I flatter myself that I have avoided hypothesis, and what have been called theories." So Dr. Rush, after framing a theory even more palpably fanciful, says, that he conceives the doctrine of fever that he has aimed to establish rests upon facts only.

There is no science, in which there has been so much theorizing, as there has been in that of medicine. Its history seems to be almost altogether a history of untenable theories. These theories are at least the prominent objects that present themselves to view. Every period has had its favorite theory, which has exerted its influence upon the general medical mind. Almost every great name in medical history is associated with some celebrated hypothesis. And it would seem that sometimes the attention of the whole profession has been almost exclusively directed to the strife between the advocates of opposing theories. This overweening attachment to theories has been a very great obstacle to the advancement of medicine as a science. It has turned the medical mind away from the legitimate pathway of discovery, and the strict observation of facts has been neglected in the contemplation of mere fancies.

It is true of medicine, as it is of every other science, that every advance which has been made has been effected by observation, and by observation alone. It is the good observer, and not the mere ingenious theorizer, who has made these advances. And if the theorizer has added anything to the store of knowledge, it is only when he has come down from his airy flight of fancy to the drudgery of hum-

ble common observation. He has for the time forgotten his favorite theory, and has subjected hypothesis to its proper subserviency to observation, in suggesting the points to which that observation may be directed. It is in this way, and in this alone, that many of the authors of theories, escaping occasionally from the domination of a theorizing spirit, have added rich treasures to the storehouse of medical science. Even before the discovery of the circulation of the blood, though medical theories necessarily contained many absurdities, yet many of their advocates were acute and accurate observers; and their facts are valuable, though the theories, which they framed to account for these facts, may appear to us even ridiculous. They collected a great amount of good materials; but instead of erecting with them a structure full of beauty and symmetry, capable of resisting the commotions of ages, they reared a motley pile which easily tumbled into ruins. They were men of the most persevering industry. They seemed to forget entirely that "of making many books there is no end; and much study is a weariness of the flesh." Quartos and folios were produced in abundance, full of mixtures of wisdom and folly, as incongruous as were some of the old prescriptions with their hundred or more ingredients. And as some of the articles, which composed these hundred-headed enemies of disease, are now among our most valuable remedies, so there are portions of those strange compounds of fact and speculation, which will always stand as monuments of genius and industry. They are among the principles which form the basis of medicine. The student, as he now reads the older works in medical science, regards but as matters of curiosity the theories of lentor and viscosity, acrimony, &c; and picks out from the mass of rubbish the pearls and precious stones, which are almost concealed beneath it.

The reader cannot fail to have seen, in the course of my remarks, what I deem to be the province of theory, or hypothesis. It is simply suggestive. This is its true vocation. It *establishes* no fact, and no principle. It should be the mere handmaid of observation, and should be kept in perfect subjection to her control. It never should be a rival, much less should it have supremacy, as it has too often done, in the domains of science.

Thus restricted to its proper sphere, theory is of essential service in extending the boundaries of science. It often suggests the line of discovery. It constantly reaches beyond present knowledge. We theorize, that is, we suppose; then by observation we discover. If we find our hypothesis or supposition to be correct, we discover a positive fact. If we find it not to be, we discover a negative fact, and not valueless because negative—some of our negative facts are worth quite as much as positive ones.

The abuse of theory consists in the obliteration of the distinction between what is known, and what is merely supposed. So long as this distinction is carefully preserved, no harm is done by theory. No man was ever more thorough, in maintaining this line of separation between the known and the supposed, than was Newton. "*I shall not mingle conjectures with certainties,*" a passage in a letter announcing his great discovery of the compound nature of light, is a maxim which always governed him, and should govern every searcher after truth in every branch of science.

This maxim has evidently been little regarded by the great majority of theorizers in medicine. They have exalted mere conjectures into the same rank with facts; and so far as they have done this, just so far have they exerted an influence to retard the progress of medical

science. If all the energy and talent, which have been expended upon theories, could have been directed to the observation of facts, what a mass of rubbish, which now encumbers the science of medicine, would have remained uncollected, and what an amount of pure unadulterated facts, which as yet are undiscovered, would have been garnered into the storehouse of knowledge!

As observation then is the only source of improvement in medical science, it is important to inquire what influences are adverse to *skill* in the observer. The influence of an overweening fondness for theory has already been sufficiently pointed out. I will pass therefore to the consideration of some other circumstances which tend to impair skill in observation.

Every physician can add much to his stock of knowledge by a proper review of cases which have come under his care. But a faulty mode of doing this will lead him into error. For example, one physician is so exceedingly fearful that in those cases, in which death has occurred, something which he did or left undone was the cause of the fatal event that he sees nothing clearly, and arrives at no definite and available conclusions; and he ends every review with nothing but unavailing regrets. Another, on the contrary, is too self-confident, scarcely harboring the idea that he could have ever committed any error. This notion of infallibility, though not distinctly avowed, is indulged to a greater or less extent by many physicians. If they do not think that they *never* err, they at least think that it is very uncommon for them to do so. To such the past is worth nothing as corrective. They add from it nothing to their stock of ascertained facts, though they may add to their medley of true and false inferences. Both of these extremes should be avoided. The physician, in reviewing

his cases, should not fear to find errors; for if he investigated them properly at the time with the best lights which he could command, and acted in good faith, he is not to be blamed if he did err. But, on the other hand, he should not pronounce any measure which he has adopted to be an error without substantial evidence.

The disposition to form conclusions from a limited number of facts is a fertile source of error in medical observation. This has already been alluded to in previous chapters.

This disposition is very common among young physicians. A small number of cases is often sufficient to lead them to adopt conclusions, which a larger number of cases would show to be false. The fact that their experience has been limited should teach them to be cautious in their inferences; but very often this caution is never learned, till a larger experience has revealed to them their errors. The disposition under consideration is often increased, and sometimes rendered inveterate, by the practice, so common especially among young aspirants for medical fame, of speaking quite freely in non-professional circles of the results of their experience. This practice is not only disgusting, but it contributes essentially to the establishment of a habit of loose observation and reasoning.

But the disposition to adopt conclusions from a limited observation is by no means confined to young practitioners. It is a very common error in the profession at large; and the annals of medical experience are loaded down with errors, which come from this source. A few illustrations will suffice.

A few years ago a pamphlet appeared from the pen of Dr. Sewall of Washington, on the pathology of drunkenness, with plates exhibiting the state of the drunkard's

stomach in different stages of disease. Among others is a plate representing the appearance of the stomach of a man who died of delirium tremens; and Dr. Sewall says, that it is a true representation of the state of the stomach in all these who die of this malady. This sweeping assertion is based upon nothing but his personal observation, which, it seems from his own account, was very limited. He speaks of having had *several* opportunities of inspecting the stomach after death in such cases, and says that the appearances on dissection have been extremely uniform. How many he meant by the word 'several' I know not; but one thing is certain—that nothing short of *many* observations could establish the fact, that the plate in question exhibits the true state of the stomach in *all* cases of death by delirium tremens.

Now what is the truth on this point? This question is not to be answered by what any *one* man has found in 'several,' or even in many cases. It can be properly answered, only by taking the observations of many different physicians, who have had extensive opportunities of making examinations after death in this disease. The uniformity of appearances, spoken of by Dr. Sewall, we find, has not been observed by others; but the stomach has been found in various states in the different cases.

Dr. Sewall infers from the appearances in his cases, that the opinion advocated by some, that delirium tremens has its seat in the stomach is correct. Even if such appearances were competent proof in regard to this point, which is by no means true, it would require a larger number of cases than can properly be included under the term 'several,' to establish the correctness of such a conclusion. It is worthy of remark here, that others, taking, like Dr. Sewall, the partial view of facts presented by a limited

experience, but having their attention directed to another quarter, have located this disease in some other organ. Thus some have supposed its seat to be in the brain, and have based this opinion, as Dr. Sewall did his, upon what they found in examinations after death. The truth is that all the phenomena of this disease show, that is a peculiar affection of the nervous system, and not a local disease of any one organ. Now in the general disordered condition of the drunkard's organs, this affection is of course liable to be complicated with various local diseases. And delirium tremens of itself alone is not apt to end fatally; but when death occurs, it is ordinarily the result of some local complaint united with this disease. Wherever this complaint happens to be,—in the stomach, or the liver, or the brain, or some other organ,—*there* will be found on examination after death the greatest amount of disease. And a partial view of facts has often led physicians to mistake these local complications of delirium tremens for the disease itself.

Another error, of a more directly practical character, which existed for a long time in relation to this same disease, will serve as another illustration of the influence of a partial view of facts, in leading to wrong conclusions. Dr. Sutton, one of the early authors on delirium tremens, asserted as the result of his observation, that the patient must sleep or die, and that opium in *large* doses was the proper remedy to produce the sleep. This opinion was for a long time almost universally adopted, and practised upon. But the compared experience of *many* observers has demonstrated this practice to be erroneous, and it is now very commonly given up by the profession.

In examining disease, whether in a single case, or in groups of cases, it is essential to the formation of correct

conclusions, that *all* the symptoms be observed, and that their relative importance be duly estimated. Much error has arisen from a disregard of this plain truth. Take for example the observations of different individuals in regard to fever. Boerhave, looking mainly at one class of symptoms, taught that fever was caused by a bad state of the blood; Cullen looking at another class of symptoms, considered fever to be an affection of the nervous system; Clutterbuck, fixing his eye upon another class of facts, was very sure that the cause of fever is always to be found in the brain; Broussais, directing his attention to the symptoms developed in another quarter of the system, asserted, that all fever arises from an inflammation of the mucous membrane of the stomach and of the upper portion of the intestines; Dr. Cooke of this country, narrowing his vision down to a certain set of symptoms, proclaimed that the primary cause of fever is a weakened action of the heart, producing an accumulation of blood in the venous system; and Samuel Thompson, following in his rude way the example of all previous theorizers on this subject, in taking into view but a part of the facts in the case, declared that fever is a battle between the cold and the heat, and that, if the cold conquer, the patient dies, and if the heat gain the victory, the patient lives.*

It is thus that a disposition to form conclusions from a limited experience, and to take partial views of facts, leads to errors of opinion, and consequently errors of practice.

* Hunter in one of his lectures thus speaks playfully, but most truthfully of the various *theories* of digestion, which have arisen from exclusive views of different sets of facts. "Some physiologists will have it that the stomach is a mill;—others, that it is a fermenting vat;—others again, that it is a stew-pan; but in my view of the matter, it is neither a mill, a fermenting vat, nor a stew-pan—but a *Stomach*, gentleman, a *stomach*."

I might multiply illustrations on this point, but it is not necessary.

Allied to the influence just mentioned is another, to which I will give a passing notice. I refer to the hobby-riding which is so common in the medical profession. Every good thing seems to be destined to this use till it loses its novelty; and therefore its real value can never be accurately ascertained, till it has passed what may be called the *hobby-period* of its existence. No careful discriminations are made to any extent until this period is finished. Even the experience, which is recorded in journals of medicine during its continuance, needs to be thoroughly sifted by after observation. The influence of this hobby-riding is therefore a great hindrance to the progress of medical science. And this influence is not confined to the particular subjects to which it is applied. It does not merely throw obstacles in the way of *their* investigation. It is not thus limited and evanescent, for it is counter to the true *spirit of observation*, and impairs its hold upon the profession as a whole.

The riding of hobbies is very much regulated by fashion. For there is a fashion in medicine as well as in everything else; and it not only bears rule in the community at large, but it exercises no inconsiderable authority in the medical profession itself. Some particular diseases and modes of treatment, are ever, sometimes one, and sometimes another, uppermost in the popular mind.

When anything new comes up in regard to disease or its treatment, which attracts considerable attention, there is a strong temptation to make a hobby of it. Multitudes suppose that they have the disease, and need the treatment. This may be really true of but few of them, but such is their belief. There is no time for accurate discrimination if the object be to make fame and money. If a physician

honestly undertakes to decide what cases need the treatment, and what do not, he will not be as successful in gaining eclat, and in getting the people's money, as his neighbor will be, who catches the popular breeze with all his sails, knowing that it is not wont to blow in one direction for any length of time.

A few years ago dyspepsia was very fashionable; but now it is so old-fashioned, that we hear but little about it, and no hobby-rider thinks at the present day of setting up any pretensions to great skill in the treatment of this complaint. Diseases of the throat have taken its place in the public mind, and multitudes are running to those, who are reputed to have peculiar skill in clipping off tonsils and palates, and swabbing out windpipes. The new treatment, as it is called, is good practice in some cases; but the almost indiscriminate application which some hobby-doctors make of it is ridiculous and contemptible. The confirmed consumptive, who has his palate clipped, or his throat or windpipe swabbed, and because he fancies that he feels better, revives for a time the delusive hope of recovery, and cheerfully pays the doctor his fee, has a most unjustifiable cheat practised upon him. And such fees! From five to twenty dollars, according to the circumstances of the patient, is asked by some of these doctors for clipping the palate, one of the most trifling operations in surgery.*

When this fashion shall have passed by, as pass it will, like all other fashions before it, and this hobby shall have ceased to be ridden, how little will be the actual knowledge of diseases of the throat and windpipe, which will be found

* If this be a suitable charge for this operation, it would be proper to ask at least an hundred dollars for extracting a tooth, if the prices of operations are to be regulated by their magnitude, or by the amount of skill required in performing them.

to be added to the stock of information in the possession of the profession by those, who have now the reputation in the community of being very skilful in the treatment of these complaints! Some, who have had less eclat, and have therefore reaped less pecuniary benefit, will have made the proper discriminations; and to them will the profession be indebted for all that has been really discovered in relation to the nature and treatment of these diseases.

A habit of making loose and exaggerated statements has become so common in the medical profession, that it is really no small obstacle in the way of the accumulation of accurate observations in medicine. The credulity of the public tempts to an indulgence in such statements, in the common intercourse of physicians with those who are around them, and to whom they relate their cases, and state the results of their experience. If they yield to the temptation, the habit grows, and it inevitably begets and fosters another habit—that of loose observation. The statements of such physicians are not to be relied upon, even when they appear on the pages of some medical journal. Much of the recorded experience of the profession is undoubtedly from this cause worse than valueless.

I mention as another very common cause of inaccurate observation in medicine, an easy credulity, and a consequent fondness for novelty and change. It is a very prevalent opinion that the medical profession is opposed, as a general thing, to anything which is new, and that it really thus stands in the way of the march of improvement. This may have been true once, when the authority of antiquity held an almost undisputed supremacy over all the votaries of learning and science. But it is far from being true now. One of the prominent faults of the medical profession in the nineteenth century is, on the other hand, that it is as a

body too fond of new things, and too much disposed to receive them upon doubtful evidence. There is a great disposition to hail every new remedy with enthusiasm. The annals of medicine are therefore burdened with false statements in regard to the effects of remedies. Though the public think that there have been of late many discoveries of new medicines of great value, there really have been but few. There have been many improvements in the *forms* of medicines. I mention as examples, quinine and morphine, the active principles of bark and opium. But there have been but few absolutely new medicines introduced which are of any importance. Many have been announced with much flourish, and have been extensively used for a time, but the confidence which has been put in them has in most cases been found to be misplaced. And it may be remarked, that physicians, who try all the new remedies recommended from time to time in medical journals, do not add so much to their stock of available experience, as those do who are more cautious, and less ready to adopt everything which is new.

The science of medicine, in all its departments, is in a very changeable state. The discoveries, which are made from time to time in anatomy, physiology, and pathology, the theories which are put forth, and the new remedies, and modes of treatment which are continually proposed, keep up a constant excitement in the profession. In this unsettled state of things, with so many novelties to attract the attention, the temptation is so strong to act as a mere gazer, and, setting aside the labor of investigation, to adopt what is asserted upon deficient evidence, that there is the more need of maintaining that cautious observation, which is the only preventive of error.

I cannot forbear to notice here one circumstance, which

exerts a great influence in favoring the unsettled state of medicine, and consequently in encouraging the fondness for new things. I refer to the fact, that there are no authorities, properly so called in medicine. The theologian has his standard authors, who are a kind of authority to which he appeals, and above all, he has the Bible as an unerring standard, and every opinion which is advanced he can bring to this test. The lawyer also has his standard works, in which are embodied the principles of law, and they are settled authorities to which he can appeal. In medicine, on the other hand, though there are works which contain the principles of the science, they have none of that fixed and undisputed authority, which standard works on other subjects are apt to have. There is therefore a contempt of authority in matters of opinion in medicine tolerated by the community, and even by the profession, which is not tolerated in regard to any other subject. While the lawyer appeals to 'the law,' and the divine to 'the law and the testimony,' the doctor often assumes the right of disputing all authorities from Hippocrates down to the present time. If a lawyer should, with bold and thoughtless assurance, call in question a decision of Chief Justice Marshall, he would be treated with contempt by both the bar and the community. But the most ignorant pretender in medicine may even gain credit, and what is of more importance to him, money too, by setting up a bold front against the whole faculty, and declaring, as Hahneman and Thompson each has done, that the medical world was in total darkness till he arose to enlighten it. So in theology, such gross delusions as Mormonism and Millerism are looked upon with mingled pity and contempt by the public, and yet that same public will patronize delusions in medicine which are not a whit less fanciful and ridiculous.*

* Have you ever looked into Homœopathy,—have you ever read

One more cause of inaccurate observation remains to be noticed. It is one, however, which, at the present time at least, is so uncommon, that it cannot have any extensive influence. I refer to scepticism. When it does exist, it not only narrows the limits of knowledge, but actually leads to positive error. The sceptic, in his demand for stern, fixed facts, rejects some facts, which are established by evidence that is sufficient to satisfy any mind possessed of candor and common sense; and the rejection of a well-proved fact, being itself an error, must necessarily lead to other errors. The sceptic too, with all his doubting, is always, to some extent, and on some points, a credulous man. As he doubts on some points against clear evidence, so he will assuredly believe on others against evidence just as clear. His beliefs are no more worthy of confidence than his doubts. The sceptic is therefore disqualified by his scepticism for accurate observation. This is especially true in the practice of medicine, because, as you have seen, there is so much uncertainty in it, and the physician is obliged to base so much of his treatment upon probabilities. Some one has said, that the best guesser is the best practitioner. There is some truth in this remark, though it is of course by no means strictly true. It is well for the physician to guess when facts are wanting, but he must be careful not to esteem his guesses to be facts, as is too often done.

In medicine, as well as in every other science, but little mental effort is required to frame theories. All the hard work

Hahneman's Organon?' said an eminent divine to an equally eminent physician. 'No,' replied the physician, 'and let me ask you, in return, if you have read the Mormon Bible?' The clergyman of course answered in the negative, and his medical friend said to him very properly, 'when you take the trouble to examine Joe Smith's Bible, I will take the trouble to examine Hahneman's Organon."

which is done—the work by which all knowledge is accumulated—is the work of *observation*. It therefore needs a higher order of mind to ascertain facts and their relationships, than it does to theorize. "Any man," says Pott, an eminent English surgeon, "may give an opinion, but it is not every mind that is qualified to collect and arrange important facts."

It is important that the physician should have at the outset good habits of observation. If he does, every day's experience will add to his store of facts, and at the same time relieve it from some of the chaff of error which has been brought in unawares. *He will be all the time becoming a better practitioner.* But, on the other hand, if he start with a loose habit of observation, experience will be to him a source of error. He will have no *clean store* of facts, but he will garner in a strange mixture of facts, and suppositions, and errors; and every day's experience will add to the difficulty of separating the good grain from the mass of refuse, with which it is mingled. *He will be all the time becoming a poorer practitioner.*

The idea then that experience will *at any rate* confer knowledge is a false idea. It is not true, that the old physician, *as a matter of course*, knows more than he did when he was young. If he has observed well, he does know more; but if he has not observed well, he not only does not know more, but he knows less. In the latter case, he may indeed have more ideas and opinions than he had when he began his practice, but he does not know as many real ascertained facts, and those which he does know are so encumbered with the long accumulating rubbish of error, that they are of little use to him.

It is easier to adopt a theory with a corresponding system of remedial means, or even to originate one, than it

is to encounter the labor of strict daily observation at the bedside of the sick. Many physicians pursue the former course, and go through with a routine of practice from year to year. If they have some tact in managing the capricious credulity of the public, they succeed in attaining the object at which they aim. These followers of a *system* are generally considered by the community as very rational and scientific men. Some of them, though they live on the opinions advanced, and the facts discovered by others, contrive to get up quite a reputation for originality, by making so much account of these opinions and facts, that the public awards to them, in part at least, the credit of their discovery. It gives them a sort of eclat to stand out from their medical brethren, as the advocates of some peculiarity of doctrine or practice.

The medical profession has had too much to do with theories, and modes, and systems. Every prominent theory can be shown to be unsubstantiated by facts, and is therefore valueless. Every mode, or system of practice, however numerous are the facts which are adduced for its support, can be shown to exclude many facts of a valuable character; and being thus exclusive, it must lead to practical error. *All these systems therefore should be discarded.* A true eclecticism should be introduced into medicine, and it should have relation not to opinions and theories, but to facts only. Whenever a fact is really ascertained, it should be treasured up in the store-house, ready for practical use. If it be apparently inconsistent with other facts, this is no reason for rejecting it. If it be really proved, it should be received, and its consistency with other facts may afterward be discovered. Indeed, quite a large proportion of the facts practically applied in medicine, are *independent* facts, neither explained themselves, nor capable as yet of

being used in the explanation of other facts. I have alluded to this point before. A single example here will suffice. No fact in medicine is better established than that arsenic in almost all cases cures hemicrania, or periodical neuralgia on one side of the head. How or why it does this no one knows. The bare fact is known.

In this connexion I will make a remark or two upon a subject which is often the topic of conversation in common as well as professional circles, viz., the modus operandi of medicines, or the mode by which they cure disease. It is a common, but a very erroneous idea, that this subject is easily understood, and much reproach is cast upon physicians for their differences of opinion in relation to it. The modus operandi of many remedies is, as I have already said, wholly unknown, and the knowledge which we have of it in any case is more or less imperfect. And after all, though it may gratify curiosity to know *how* a medicine cures disease, it is comparatively a matter of little importance. The fact that it does so is the material fact. The knowledge, which it is practically important to obtain in relation to any remedy, is a knowledge of its effects, and of the circumstances which modify them. And physicians, however much they may speculate about the modus operandi of medicines, commonly view this subject in this practical light at the bedside of the sick. The question whether opium is essentially a sedative or a stimulant is forgotten, when a patient suffering the tortures of spasmodic colic is to be relieved. The material fact is, that it can relieve the pain—*how* it will do it is not just then a subject of consideration.

A reform is now in progress in the medical profession. The struggle to break loose from theory is fairly begun. A deep consciousness, that the science of medicine is cum-

bered by a mass of rubbish, has awakened a disposition to a more careful and rigid observation. The *Materia Medica* of the profession is especially burdened in this way. The virtues which are attributed to a large portion of the remedies in use require to be tested in order to strip the statements which are made in regard to them of all that is inaccurate and false. Much of the positive medication of the present day will probably be proved by the tests of a rigid observation to be *aimless*, but by no means harmless. The over-dosing, which has been so much in vogue both with the community and the profession, is already fast losing its popularity. Heretofore the great object of the physician has been to do *positive good* to the patient—to overcome disease by a well-directed onset of *heroic* remedies—and it has been a secondary object altogether to guard against doing him harm. But medical practice is becoming reversed in this respect. It may at the present time be said of quite a large proportion of the profession, that it is the principal object of the physician to avoid doing harm to the patient, and to prevent harm from being done to him by himself and by his friends: and then, after looking well to this object, he is ready to do whatever positive good he sees can be done in the case. Accordingly, cautionary and quieting measures, intended to remove the obstacles which may hinder the operation of the curative power of nature, are getting to predominate in medical treatment over the more active and direct measures for overcoming disease. 'The golden axiom of Chomel, that it is only the *second* law of therapeutics *to do good*, its *first* law being this—*not to do harm*—is gradually finding its way into the medical mind, preventing an incalculable amount of positive ill.' So remarks Dr. Bartlett in a work,* which I deem to be

* An Essay on the Philosophy of Medical Science.

one of the best and most effectual efforts, which have been made in promoting the revolution, which is now taking place in the practice of medicine. It is a work which, if I mistake not, is to exert a thorough and extensive influence upon the interests of medical science.

I cannot conclude this chapter without paying a passing tribute to the memory of one, my preceptor and friend, who stood among the foremost in the work of reform now going on in the medical profession. I refer to the late Dr. Hale,* of Boston. He was eminently a man of accurate observation. His enquiry always was after the *facts*. He asked

* The reader will permit the author to gratify his own feelings of regard for Dr. Hale as a *man*, as well as a physician, by inserting here the following extract from the memoir of him, from the pen of Dr. Channing. "Dr. Hale was an honest man. He was honest in sentiment and in purpose. He had little or no tolerance for what he thought unfair; and any believed misuse or abuse of trusts he resolutely opposed, however active or however strong was the agency by which the wrong was attempted to be consummated. These were not the elements of popularity. You could hardly make a very popular man out of such. But for the honor and exceeding praise of humanity, there are men who have found something better worth living for than the present fame—men who are happy and satisfied to do that which may live after them, and the memory and the use of which can only be for good. Dr. Hale enjoyed life—the best thank-offering for living. He was social and hospitable, for he would contribute to the pleasure of others, as well as his own. He was always cheerful, because he was truly hopeful. He looked on the bright side of disease in himself and in others; and if he labored so well for their recovery, he never questioned his own.

Dr. Hale was a religious man. In the development of the religious sentiment was his power. It was kept active by habitual, daily devotion. It influenced his whole life, making him an earnest student and a faithful practitioner—giving him strong interest in all wise effort to extend Christianity in distant lands, and by his example recommending to others the religious life. In his religion was his benevolence, which with very narrow fortune led him to attempt and to accomplish most important objects. In this was his cheerfulness in suffering and all trial; and out of his religion came the peace and the hope of his death hour."

not what a man *supposed*, but what he had *observed*—not what he *thought*, but what he had *found to be true*. His valuable contributions to the recorded experience, and the literature of the profession, bear him witness on this point. His labors, so deservedly prized by his brethren, are ended, but we have reason to rejoice, that he has left behind him so many of a like spirit, who are endeavoring to redeem our science from the dominion of fanciful theory and loose reasoning, and to place it under the control of a true and rigid OBSERVATION.

CHAPTER X.

POPULAR ESTIMATES OF PHYSICIANS.

THERE is no class of men whose talents and attainments are so erroneously estimated by the public as are those of physicians. Some of the causes of this erroneous estimate have been brought to view in the chapters on the Uncertainty of Medicine, and on Good and Bad Practice. I propose in this chapter to treat of this subject more distinctly, to point out some other causes operating with those which I have already mentioned, to show the results of this false estimate of medical character and attainments, and to develope some plain principles, on which a correct estimate may for the most part be secured.

I presume it is sufficiently clear to the reader, from the views which I have before presented, that the community cannot judge with any degree of correctness *directly*, of the practice of physicians,—either of the truth of the principles on which it is based, or of its actual results.

How then shall the community judge of physicians? This question I will endeavor to answer.

The view which I gave, in the first chapter, of the uncertainty of medicine, I trust, made it obvious to the reader, that a thorough education is pre-eminently necessary to the

proper practice of the medical art. In endeavoring therefore to form an estimate of the qualifications of any physician, let the evidence of his having obtained such an education be well considered.

But what is this evidence? Is it to be found in the bare fact that he has a diploma, obtained from some respectable medical institution? While a diploma is worth something as evidence, as there must be some improvement of the means of education, in order to pass the examination requisite to obtain it; yet it must necessarily be defective evidence. That the truth may be more fully ascertained, let the inquiry be made, how far the physician has improved the advantages he has had; for it must be remembered, that it is especially true of medicine, that a diligent and wise use of limited opportunities will impart more knowledge and skill, than can be acquired by a careless and unwise use of the most extensive advantages afforded by the profession.

I will allow that there are difficulties in the way of arriving at the truth in this inquiry, and the public are often most grossly deceived by the parade which is made by some physicians, in regard to the opportunities which they have enjoyed. Still, I apprehend, that the erroneous judgment of the public in regard to such cases, arises from a too ready confidence in mere pretensions, and that it can be avoided for the most part by a little more pains-taking in making the inquiry, and by applying tests of another character, to which I shall soon allude.

But education in the science of medicine is practically despised by quite a large portion of the community. Though this sentiment is not often distinctly avowed, yet it exists to a greater extent than is generally supposed. It shows itself in an indifference to the true evidences of a

physician's qualifications, and in a readiness to put the quack on a level with the thoroughly-educated physician, or even above him. These indications of the prevalence of this sentiment, are not confined to the ignorant; but they often appear among the well informed, and even the learned.

Sometimes this sentiment is boldly avowed in language like the following: 'I care little about the evidence of a physician's having had an education. The fact that he is successful in treating disease is worth vastly more than a piece of parchment. Many a man has risen to eminence in other professions by his own exertions, without any great amount of education; and why should not this be the case in the practice of medicine? There was Franklin, who rose by his own efforts to a post of honor and usefulness far above multitudes of his cotemporaries, who had a most finished education; and why should there not be Franklins in medicine, as well as in other departments of knowledge?'

The assertion, that success in curing disease is worth more than a piece of parchment, is strictly true. But the evidences, on which a correct estimate of success can be formed, are not ordinarily, as the reader has seen in the chapter on Good and Bad Practice, within the reach of the community; and the attempts which it makes to form an estimate from the defective evidence at its command, often result in the bestowment of the praise due to success upon those who are really unsuccessful.

As to the use which is made of so great a name as that of Franklin to justify a disregard of education in medicine, I remark, that those who hold such language forget three very plain truths. 1st. That self-education is, after all that can be said, education. It is education acquired in spite of difficulties, and without the aids which men usually have.

2d. That education thus obtained indicates the possession of *uncommon* power of mind. There are but few Franklins in any profession. It is not common for men to rise to eminence with the small means which he enjoyed, and in face of the difficulties which he encountered. 3d. That Franklin, and all those men who have thus risen to eminence, so far from despising education, made most diligent use of all the means of education which they could command, aspiring all the time to higher and higher advantages; and while they lamented the deficiencies of their own early training, they labored most assiduously to give to others the most extensive means of acquiring knowledge. Very different from this, I cannot avoid remarking in this connexion, is the spirit of those pretenders in medicine, who affect to despise education, and who claim that they have an innate skill, which education can neither impart nor improve.

I shall in another chapter maintain, that it is both the duty and the interest of the community, to demand that there shall be a respectable standard of education in the medical profession, and will therefore dismiss this topic for the present.

The second source of evidence, in regard to the qualifications of a physician, is to be found in the unbiassed opinion of his medical brethren. I allow that there are difficulties in the way of obtaining such an opinion. There is, on the one hand, the prejudice of rivalry, and, on the other, the partiality arising from mutual interest. Sometimes these influences extend beyond the individual and arrange medical men in small parties, or cliques; and these often render it exceedingly difficult to discover the standing which any physician has among his brethren. Yet it is true, that every physician has a general estimate

put upon him by the profession, *and it is commonly a correct one.* And this estimate can ordinarily be ascertained by any one, who makes due allowance for the influences to which I have alluded.

While this strictly professional reputation, which is awarded to every physician by his brethren, is commonly very nearly correspondent with his true merits, that which the public awards to him may be far otherwise. It is often the case, that, while a physician, of whom his brethren have an exalted opinion, meets with but little favor from the community; another, who is a very ordinary practitioner, and who is so considered by the profession at large, has an extensive practice, and a high popular reputation. Such a physician may be treated with much outward deference by his medical brethren, on account of the position in which the public favor has placed him; and this is often very erroneously considered as evidence, that he is held in great estimation by the members of the profession generally.

I pass now to the consideration of a means of estimating the qualifications of physicians, which is of a more practical character, and more certain in its results, than those which I have already mentioned. And yet it is one which has been very generally neglected, for reasons which I shall give in a future stage of my remarks.

There are certain mental qualities, which are essential to the possession of skill in the practice of medicine. Whoever is found to possess these qualities, you may be sure, will with proper education make a good physician. And if they are wanting in any one, no education, nor experience can supply the deficiency. He never can be truly skilful as a physician; and if such an one acquire a reputation for skill, which is no uncommon thing, all that

we can say is, that the public are deceived in their estimate of his qualifications.

How then can an intelligent man discover, whether a physician has these requisite mental qualities, and to what extent he has them? What tests can he apply to bring them out, so that he can see them distinctly, and measure them with any good degree of accuracy?

The science of medicine is so much a mystery to the common observer, that he cannot, as you have already seen, apply his tests to a direct examination of the physician's knowledge. He is not competent to make the estimate in this way; and if he is not aware of this, he will certainly be deceived. If he wishes effectually to avoid error, he must apply a touchstone which he himself understands, and not one of which he is profoundly ignorant. What is this touchstone? Plainly this. *Let him observe the mental qualities of the physician, as they are exhibited in regard to any subject, with which he is himself familiar in common with the physician;* and he has here a test upon which he may rely with absolute certainty. He discovers in this way the character of the physician's mind; and it is just to infer that the mental qualities thus laid open to view, stamp their impress upon the practice of his profession, and give to it its character. No change comes over his mind when he passes from other subjects to that of medicine. The same mental powers are there, and he will observe, think reason, and act, just as you have seen him do in regard to common subjects.

Take an illustration from surgery. You see a surgeon set a fractured limb. You cannot judge whether he does it skilfully, because you do not understand how it should be done, so as to bring the broken ends accurately together, and keep them so. But if that surgeon, in passing your

house, by some accident breaks the thill of his carriage, you can watch him as he splices the thill, and you can judge, for you are competent to do so, whether he exhibits mechanical talent in the operation. If he does, you can safely infer that the same mechanical talent will be brought into exercise in setting a bone, and that he will set it as skilfully as he spliced the thill. Other talents in a medical man can be tested in a similar manner.

The truth, of which I have given this single illustration, is so obvious when plainly stated that it hardly needs to be dwelt upon at all; and yet, it is so often disregarded by the community, in the estimates which are made of physicians, that it may be profitable to illustrate it somewhat at large. In doing this we shall accomplish another important purpose—we shall obtain a clear view of those qualities which are most necessary in the particular calling of a physician.

Let us then cursorily notice some prominent characteristics, as they are seen in physicians in your daily intercourse with them on common subjects, and apply the criterion which we have under consideration.

Look at the mode in which physicians form their opinions.

You discover in your conversations with a physician upon politics, religion, or the occurrences of the day, that he is very credulous. Have you a doubt that the same credulity follows him into a sick room, and mars the accuracy of his observations of disease and of the influence of remedies? And so, on the other hand, the physician who shows a sceptical cast of mind on other subjects, will assuredly be a doubter on a subject clothed with so much uncertainty as medicine is, and his treatment of disease will be marked by hesitation and lack of energy and firmness.

You see a physician apt to form his opinions on ordinary subjects hastily. Slight evidence satisfies him, and he makes

up his mind at once. It may be that he does it with so much shrewdness that he is very apt to be right in his conclusions; but sometimes he is entirely wrong, because he has in his haste overlooked some apparently slight circumstances which are really of vital importance. There is quite a large class of such minds in the medical profession. They are better fitted to practice in acute forms of disease than in chronic cases. These latter require patient investigation to thread out all their intricate complications.

I once knew two physicians of considerable eminence, who had directly opposite casts of mind, in regard to the qualities to which I have just alluded. They lived and practised in the same neighborhood through a long life. The one would spend perhaps an hour in ferreting out all the hidden labyrinths of a chronic case, and I have often been delighted, as he would clearly and in choicest language unfold his views, after he had concluded his examination. The other never wanted more than a few minutes to learn all he wished to know of a case, and he was prepared to act. Possessed of much native shrewdness, it was astonishing to see how he would avoid error in forming his hasty opinions. He seemed to be aware in what his forte lay. He had an abhorrence of all long and intricate cases, and turned them over, so far as he could, to his brethren; and he took peculiar pleasure in managing acute cases, in which the changes were rapid, and the end either for good or ill came soon.

You discover in your conversations with one physician on common subjects, that he is very slow and cautious in adopting opinions, and when he has once adopted them he adheres to them with great tenacity; while another, on the contrary, is exceedingly changeable in his opinions. These opposite qualities, exhibited as they are abroad in society,

go with them to the sick chamber, and their exert their full influence. The one will fix upon a course of practice in a given case with all due consideration, and when he has once fixed upon it, he will pursue it most faithfully, even though the progress of the case may furnish conclusive evidence that he is wrong. He will be blind to that evidence, because he believes most assuredly that he is right in his views of the case. The other will not pursue a course long enough to determine whether it be right, but will see continual reasons for change; and his course from the beginning to the end of a case will often present a medley of variations, from which no intelligent conclusions can be drawn. The one will have a few favorite remedies, which he reckons as old and tried friends, and he adds but few to the little group from year to year. The other will make frequent changes in the remedies which he employs, and will try in rapid succession the new medicines, which every fresh periodical bring to his notice.

Some men take strong views of everything which they see. They must always have an opinion, whether the evidence upon which it is based be sufficient or not; and that opinion fills the mind, and actuates all the conduct. They are apt to have very partial and exclusive views, overlooking in their ardor points, which, though they may have little apparent prominence, may, if properly examined, lead to discoveries of great importance. Such men in the medical profession always make a decided impression upon the public mind, and have many strong and ardent friends; and if they possess considerable talent, they generally acquire a dazzling reputation. It is true that they commit frequent and often great errors. But when their bold opinions turn out to be correct, it adds wonderfully to their reputation for acuteness and wisdom, while their errors are mostly con-

cealed, and the whisper that tells of those errors that chance to be discovered, is effectually drowned in the noisy commendation of their enthusiastic adherents.

If I at all succeeded in my object in the chapter on the Uncertainty of Medicine, the reader was convinced that there is no pursuit in which a habit of accurate observation is more needed than in the practice of the medical art.

How then can a common observer test a physician in regard to this talent? If the observer were himself a physician, he could do this by watching him in his examinations of cases of disease. But as he is not, and is therefore ignorant of the subjects to be examined, he will fail in any attempt of this kind. He will be apt to commit, for example, this error. He sees that a physician makes a great many inquiries of his patients in regard to their complaints, and he may for this reason alone conclude that he is a nice observer. This minuteness of examination often gives a physician very unjustly this reputation; and in fact it is one of the most common tricks of the trade. There is often a great parade of questioning with very little true observation. A physician who is a skilful observer will learn more of a patient's condition, by watching him as he lies in bed, and making a few inquiries, than another will by a multitude of questions; just as one man, who scarcely appears to look at anything as he passes through a street, may really observe and know more about the various objects in that street, than another man, who appears with eyes wide open to look at everything. A mere glance will sometimes reveal to the skilful observer the true nature of the case, when the unskilful have not been able to discover it with the most diligent examination of the symptoms. I will mention a single example. A man who was severely sick was attended by two physicians, who were somewhat at a loss in

regard to the nature of his disease. Another physician, who was called in, before asking a single question, suspected from the posture of the patient that he had a hernia, in common language a rupture; and on examination this was found to be the case.

I might mention some other errors, to which the inquirer would be liable, if he attempted to judge directly of the physician's mode of examining disease, but it is not necessary.

How then, the question recurs, shall he test the physician on the point under consideration?

Let him see how the physician observes in regard to some subject, with which he himself is acquainted. He will discover in this way what his habits of observation are; and he may be sure, that these same habits mark his investigations of disease in the chamber of the sick. No man has different habits of observation for different subjects.

Suppose that you have a curious article in your possession, and you have become acquainted with all the facts in regard to it. If you show it to several physicians, and observe the inquiries which they make in relation to it, you can discover the different characters of their minds, and may thus know how they observe and investigate disease.

One of them asks perhaps but few questions, and some of those are irrelevant. He discovers but little in regard to the article, and you may be sure that he will never discover but little in regard to disease.

Another, after making a few inquiries, starts some supposition or theory, and this directs all his future inquiries. He of course obtains a very partial knowledge of the facts, and this is mingled with errors. And so it is with him in his investigation of medical subjects. He is a theorizing practitioner.

Another makes many inquiries, but they are of a rambling character. He finds out many of the facts in regard to the article, but by no means all of them His observation is active, but it is without method and incomplete. Though he will be diligent in the investigation of disease, and will appear to most persons to be an acute and skilful observer, he never will obtain a thorough and complete knowledge of any case.

Another, by a natural succession of inquiries, discovers one fact after another, till he knows the whole. He does not ask a single irrelevant question. The answer to every question either developes a new fact, or confirms one already discovered. He separates accurately the probable from the true, wholly rejecting the merely plausible. He frames no theory. His search is only for facts. You may be sure that he will be a skilful observer in the sick room, and that in the investigation of disease he will be constantly adding to his store of valuable and well-arranged facts.

Do you wish to ascertain what characterizes a physician's *measures* in the treatment of disease? Instead of watching his practice, of which, as you have seen, you cannot judge with any good degree of correctness, observe what measures he proposes when acting, not in the capacity of a physician, but in that of a citizen, a neighbor, a member of an association, and what reasons he gives for these measures. If you find that he advocates measures which show common sense, shrewdness, and good judgment, and which accomplish the purpose aimed at; you may safely conclude that the same common sense, shrewdness and good judgment mark his treatment of his patients, and that he is a skilful and successful practitioner of medicine.

A very little thing will sometimes develope some characteristic of a physician's measures. A physician, as he

starts his horse to leave you after a pleasant chat, finds the rein caught under some part of the harness. He pulls it up to disengage it; but, as he does not succeed, he gives it a twitch in which he succeeds no better. His face reddens, and he twitches again and again, each time more violently, and finally, by tearing out a loop in his harness, he disengages the rein. You may safely infer that that physician will be apt to have just such twitching measures in his treatment of the sick, and will in this way mar some things which are of some more importance than the loops in his harness.

It is quite a prevalent idea in the community, that a man may be an ignoramus in regard to other subjects, and yet may have great skill in medicine. It is supposed that there is in the healing art a sort of mysterious tact or skill, innate in the man, and not acquired like other knowledge. It is this idea which gives such a reputation, for infallibility almost, to the natural bone-setter. We find here, also, the reason that intemperance in a physician so little impairs the confidence of his employers. It must be obvious that in no employment is a steady and clear state of mind more needed; and the obscurity of mind and recklessness, which intoxication, even when existing only in a slight degree, invariably produces, must unfit the physician for the proper performance of his duties. And yet how many sensible people, who would fear to trust an intemperate stage-driver or engineer, will unhesitatingly commit their health and life to the care of an intemperate physician, because they suppose that he has a peculiar skill, of which even intoxication cannot deprive him. His drunkenness seems to act as a dark background, making his skill appear the brighter by contrast.*

* We had some years ago, says Dr. Rush in one of his lectures, a phy-

In confirmation of this idea of the possession of innate skill, it is said that a man may be a fool on one subject, and yet may be a genius on another. A man may be, for instance, a great arithmetician, or a very ingenious mechanic, and may yet exhibit folly on most other subjects. This may be true in some few instances, but it is not at all common; and rare cases never can establish a general rule or principle. And besides, a genius in medicine, if he be a mere genius, in the popular sense of the term, makes but a poor practitioner. For true skill in the practice of medicine requires the possession of a wide range of talents, and among these sound judgment, or, (as it is familiarly called when used in reference to ordinary subjects,) common sense, is pre-eminent. This is a *sine qua non* in the physician. The most brilliant talents cannot make one a good practitioner without this qualification. They may make him an interesting lecturer, or writer, and may give him a high reputation in the community. But his lack of this practical talent must render him unsuccessful in the treatment of disease, and the lectures which he may give will be deficient in practical instruction, and the books which he may write will add nothing to that storehouse of facts, which come only from observation, guided by a discriminating judgment, and plain common sense. He may construct beautiful theories, and explain and defend them with ingenuity, but he never can be a reliable source of instruction and information to his medical brethren.

sician in this city of sprightly talents, who was an habitual drunkard. Soon after his death, I was called to attend a gentleman who had been one of his constant patients. He submitted with reluctance to my prescriptions, because they were contrary to the modes of practice of his former physician, to whom he was so much attached, that he declared he would rather be prescribed for by him when drunk, than by any sober physician in the city.

The reader has seen that there are then *five* ways of judging of the skill and the attainments of a physician. 1st. By examining his opinions on medical subjects, and the reasons upon which they are based. 2d. By observing his practice, and comparing its results with those of the practice of others. 3d. By inquiring into the evidences of his education. 4th. By observing the unbiassed opinions entertained of him by his medical brethren. 5th. By observing his mental qualities as they are exhibited in relation to those subjects which the observer himself understands.

If the inquirer be a physician, he can very properly make use of the two first-named means of arriving at the estimate. But if he be a non-professional observer, he must for the most part give up these means, as being liable to lead him into error, and resort to the remaining ones. That he should *entirely* give up the two first means I do not claim. All that I claim is, that he should place very little reliance upon them, while his chief reliance should be upon the three last.

If intelligent men would adopt the course which I have indicated, in their attempt to estimate the professional merits of physicians, they would for the most part avoid the errors which they now so frequently commit. But, as it now is, they very generally form their judgment from a direct observation of medical practice, and from the reports which their friends and acquaintances give of their observations; and they make but slight use of those means of judging, which I have shown to be the least liable to error. And I fear that they will be slow to change in this respect, for the simple reason, that they will be slow to admit their incompetence to sit in judgment on modes of treating disease. Dr. Beddoes, an eminent English physician, once

remarked, that "there are three things which almost every person gives himself credit for understanding, whether he has taken any pains to make himself master of them or not, These are: 1. The art of mending a dull fire: 2. Politics: and 3. Physic." And this is especially true of the last of these. Both the well informed and the ignorant seem to think, that they are perfectly competent to decide whether a physician is treating a case properly; and watch the effect of remedies in order to do this, and hesitate not to express their opinions on this point in the most positive manner. So common and inveterate is this habit in the community, that it will be difficult to eradicate it. And yet I think it can in some good degree be done. Intelligent men can be made to see, by a candid exposition of the peculiar liability there is in medical experience to mistake in regard to the relation between cause and effect, that it requires an extensive knowledge of medicine to make accurate observations of the influence of remedies; and that therefore one who has never studied this science, and who has had but limited means of observation, must be but a poor critic on the practice of physicians. They can see that, though such an one may cope with others in the art of mending a dull fire, or on the subject of politics, yet on so abstruse a subject as medicine is, he ought to be somewhat modest in his opinions, and not put them forth, as is now so often done, with all the authority of an oracle.

Why then, let me ask, have not intelligent men been made to look upon this subject in this light? This question I will endeavor to answer.

There is, in the first place, a large class in the medical profession, who desire no change in the views of the community, but prefer to maintain their present false position. Their success, like that of the quack, actually depends on

practising upon the credulity of the public. They would dread being scrutinized in the way which I have pointed out, by tests which the observer himself understands. They would prefer that people should continue to judge of them as they have done, by tests of which they are ignorant, because they can in this way continue to deceive them. The number of such men in our profession, I am sorry to say, is very large; and many of them have an extensive practice, and stand high in the public favor, and for this reason are quite indifferent both to their own standing with their brethren, and to the general standing of the profession itself. Though they do nothing perhaps which is sufficient to endanger their loss of caste among physicians, their influence is detrimental to the interests of the profession, and favors in the worst possible way the hold of quackery upon the community.

There is another large class of medical men, who really desire to be honorable in their course, but who have felt themselves obliged to use to some extent the same arts with which the dishonorable impose upon their patients. They feel that they cannot reform public sentiment, but must take it as it is, and do the best they can with it. They find whims and caprices and false ideas among the intelligent, as well as the ignorant; and instead of taking any pains to correct the evil, they succumb to it, and set themselves to work to make capital out of it. They thus place themselves on common ground with the quack and the pretender, and subject themselves to be estimated by the same false rules which are applied to them. They thus have almost insensibly contracted habits of low cunning and shallow pretension; and these are habits which are not easily given up. Of course this class of medical men will be inclined to look with distrust upon any efforts to reform

the profession, and the public, in the particulars to which I have alluded; and, though they may not actually oppose such efforts, or may from selfish motives even make a show of favoring them in certain quarters, they cannot be expected to give them any active support.

There is, however, one result of the course which this class of medical men have pursued, which seems to be opening the eyes of the most honorable among them, and which promises to bring them out from their false and degrading position. They find that their cunning subservience to the false opinions of the people, has increased the hold of those opinions upon the public mind; and, as a wide door has thus been opened for quackery, they find that the same arts, in using which they have been so successful, are now used quite as dexterously by the whole herd of ignorant quacks and showy pretenders. They find that the Homœ pathist is stealing away some of their best, and, as they thought, their most reliable patients. The Thompsonian, the Chrono-thermalist, &c., are committing similar depredations. And of all this they have no right to complain, because these pretenders obtain these patients by the same artful and deceptive means, by which these physicians at first acquired them, and by which they have so long retained them among their patrons.

The result which I have pointed out is an accumulated result. The community are running wild now after various systems and modes of practice, and the public mind is all afloat, carried about by every wind of doctrine in medicine. It is now the hey-dey of quackery of all kinds and degrees. The causes of the great prevalence of this evil are not temporary and recent, but they have been acting for a long time, and we now see the accumulated result. Among the chief of these causes is the course which has

been pursued by a large portion of the medical profession. The profession itself has given birth to much of the quackery of the present day.

The evil of this comes upon the profession generally, but more particularly and grievously upon the class of physicians of which I have just been speaking. The first class which I mentioned are not as much affected, because, being less scrupulous, they have a wider range of arts to be used; and the mortifications to which they are subjected in their competition with quacks are more easily borne, because they have less of honor and conscience to trouble them in relation to their course. While this class will be utterly opposed to any attempts at reform, the second class of which I have spoken, seeing their false position, and beginning to suffer some of its vexatious results, will probably experience a sifting process, whenever efforts at reform shall be thoroughly entered upon. The least honorable, and those whose habits of imposition (for such they must be termed), have become fixed, will join the first class, giving up all scruple, and adopting in full the measures of the quack and charlatan. But I am persuaded, that the largest portion of this class of practitioners have so much of honor and conscience, that, whenever a general effort shall be made to redeem the profession from its false position before the community, they will be ready to unite in that effort.

But this effort is not to begin in this class. There is still another class of physicians who are to originate it. They are the men in our profession who have always pursued an honorable course, and have never yielded to the temptations to use the arts of empiricism, however strong they may have been—who, though they have often seen their brethren use such arts successfully in their competition with them without injuring their standing in the com-

munity, have never allowed such mortifications to induce them to swerve from the path of honor and duty. Efforts, it is true, have been made by such physicians to enlighten the public mind in relation to its false estimates of professional merit; but they have been for the most part isolated and individual efforts, and they have soon been given up for reasons to which I have before alluded. A general and united effort is needed, and I have no doubt that it would be successful.

CHAPTER XI.

MEANS OF REMOVING QUACKERY.

It must be obvious to any one who observes the wide influence which quackery maintains in its various forms in the community, amid all the efforts which are made to overthrow it, that there has as yet been discovered no adequate remedy for this evil. It is common for physicians to say that there is no remedy—that there is, and always will be, a class of persons who must, from the very character of their minds, be addicted to quackery; and that it is of no avail to attempt to deliver them from their errors, but they must be left to go from one delusion to another, as they choose, all their lives. If quackery were confined to such persons, it would, I allow, be idle to talk of any remedy. But it is not so confined. We every day see men, who are intelligent and judicious on other subjects, perfectly deceived and captivated with the false pretensions of empiricism. If these individuals were ignorant, and were easily influenced by merely plausible reasoning, or were enthusiastic, or over fond of novelty and change, then I should despair of making any impression upon them. But as this is not the case, I am led to the conclusion, that there must be some defects in the *mode* in which truth on the

subject of medicine has been presented to their minds; and that the sources of error have not been so plainly revealed to their view in this, as they have been in other fields of enquiry.

Efforts, it is true, have been made by the medical profession to correct the tendency to empiricism, which is so rife in the community. But I believe that it can be satisfactorily shown that these efforts have, to a great extent, been made with wrong means, and in a wrong direction; and that for this reason they have failed to strike at the root of the evil.

Much reliance has been placed upon giving to the people a knowledge of anatomy, physiology, dietetics, &c. For this purpose books have been published, journals of health have been issued, and lectures have been delivered. All this is very well. Valuable information has thus been communicated. Still, it leaves the great sources of empiricism nearly, if not quite, untouched. These are pouring forth their destructive streams more abundantly than ever, notwithstanding the great increase of late of popular knowledge on medical subjects.

And this is as we should expect it would be from the nature of the case. For the knowledge, which one obtains from popular books and lectures, of the human system as a piece of mechanism, can have but little influence upon his notions in regard to the operation of remedies, on that system; for the operation of remedies, for the most part, lies beyond the mere mechanical principles of the organization, and therefore cannot be materially elucidated by a knowledge of those principles. For example, the knowledge, which the dyspeptic gains, from popular instruction, of the situation and the shape of the stomach, of the number of its coats, and of the process of digestion, cannot enlighten him in re-

gard to the treatment of his disease, and will therefore not guard him against delusion on this subject. He will be just as ready, as he was before he acquired this knowledge, to take some patent medicine, or to resort to some boasting empiric.

None of the common popular errors can be removed by the knowledge referred to. If a man should adopt the notion, that the blood is the seat of all disease, and therefore that remedies relieve disease by purifying the blood, would it be possible to dislodge that error, simply by showing him the heart, and describing to him minutely the circulation? The mechanical contrivances of this beautiful and wonderful piece of machinery have manifestly no reference to the state of the blood contained in it. How can he know, from an examination of the heart and the arteries and the veins, whether he is right in attributing all disease to a corrupt state of the life-giving fluid? Or what light will this examination give him in relation to the remedies which he supposes enter the circulation and rectify the blood, by neutralizing whatever it contains which is bad?

I will even take a case in which one would suppose that a knowledge of the mechanical structure of the body would be of essential service, as an antidote to quackery. I refer to a belief in the skill of the natural bone-setter. How often does the knowledge referred to entirely fail to dislodge this error. You may show the believer in it the structure of the joints, and demonstrate to him by a clearness of proof which would satisfy him on any other subject, that it is as necessary to understand this structure, as it is any other piece of mechanism, in order to be skilful in detecting the nature of the injuries which it receives, and in repairing them. And yet, he will reply, 'all this looks right, to be sure; but still here is the fact that the bone-setter does set bones some how or other.' 'You will have to do something

more, to convine him that his confidence is misplaced. You must show him, how it is that the ignorant bone-setter acquires a reputation, in spite of his ignorance, and his consequent blunders. And this can be done by facts. In commenting on these facts you can make use of the knowledge, which your friend may have of anatomy, as an auxiliary in pressing your point; and it may thus prove of great service, though it is wholly unavailing when appealed to alone. For a full view of this subject I refer the reader to the chapter on Natural Bone-Setters.

While a popular knowledge of anatomy and physiology has but little influence in restraining quackery, it sometimes evidently increases it, by giving its possessor an exalted idea of his medical acumen. He upon whom it has had this effect is much disposed to adopt opinions and theories on slight and plausible grounds, and in this way is constantly led into error. The physician meets persons of this character every day. They are always ready to talk with him, and they seem to feel quite at home on medical subjects, and some of them have really acquired considerable information on these subjects; but they have built upon it a superstructure of untenable theories and notions, and they are commonly carried about by every wind of doctrine in medicine.

The quack aware of the prevalence of this superficial knowledge of medicine, gathered from popular books and lectures, often makes provision for the taste thus engendered. He hires some one, perhaps a medical student, to prepare for him a disquisition on some of the principles of medical science, which is to accompany the certificates setting forth the virtues of his nostrums. This disquisition may all be correct, though it is more commonly a mixture of truth and fallacy, so combined, that the superficial reader does not separate the one from the other. It answers the

purpose for which it is intended. It convinces most people who read it, that the author (whom they suppose to be the proprietor of the medicines) really has a great knowledge of medical science, and that, therefore, though other patent medicines may be impositions, his cannot be. There is often in these disquisitions page after page of physiological discussions, in learned guise, which have no sort of bearing upon the nature of the medicines recommended, though they do have most manifestly upon their *sale*, as the result shows.

Let me not be understood to mean, that none but physicians ought to know anything about the human system; nor that the knowledge of it, which is obtained from popular books and lectures, can be of no advantage in the warfare with empiricism. Though, when it is relied upon as the chief, almost the only, weapon in this warfare, it is, as you have seen, of little avail, and is often even turned against the cause of truth and science; yet, as an *adjuvant* to other means in removing quackery, it may prove very valuable. What then, let us enquire, are those other means?

I have shown in another chapter, that the principal popular errors in medicine arise from partial views of the operations of disease and the effects of remedies, and are false conclusions in regard to the relation of cause and effect. These false conclusions are, as you have seen, the basis of quackery; and therefore one of the chief means of removing quackery is to be found in the exposure of the fallacy of these conclusions.

But it will perhaps be said, that this has often been attempted, and with so slight success, that there is very little encouragement for repeating such attempts; and that it is best on the whole to let the community find out their errors by their own experience, sad as it sometimes is. Those

who take this ground assume, that the efforts which have been made for this object have been of a proper character. I think it to be clear that they have ordinarily not been so. There has been too much of ridicule and sarcasm. These are means which are appropriate to a certain extent, as auxiliaries to sober argument; but they never should be relied upon, as the only, or the chief, instruments in combatting error. There has also been too much of denunciation, and calling of hard names. There has not been, on the other hand, enough of calm, candid and patient discussion on the part of physicians with the well-informed, as they meet them from day to day. To the medical man quackery appears so nonsensical, that he has commonly no patience with those who embrace it. He does not remember that many of his own profession have, in their reasonings about cause and effect, committed some of the very same errors which have engendered that quackery. Perhaps, if he looks back upon his own course, he may find that he himself has at some time fallen into an error, which might have led him into empiricism, if he had been out of the profession, but which was prevented from producing this effect upon him by that sense of dignity, which characterizes the man of science, and by that disposition to careful scrutiny, which the pursuit of medical science is peculiarly apt to impart. He should therefore avoid being betrayed, by the ridiculousness of quackery, into the utterance of harsh expressions, or into too free an use of sarcasm. He should, on the contrary, endeavor to show any intelligent friend, who has chanced in some way to be deluded by empiricism, that he has been deceived, and point out to him just how it has been done. He should show him what the mistakes are which he has made, in relation to the connexion between cause and effect; and should endeavor to

impress upon his mind the truth, that there is more necessity for cautious discrimination, in forming conclusions on this, than on any other subject in the wide range of science. He should show him how common it is in medicine, to attribute results to causes, which have had no agency in producing them; and that if physicians themselves are apt to commit this error, much more must they be, who are ignorant of medical subjects, and who have but limited means of observation.

It is this individual influence, which may thus be exerted by the profession, that must be relied upon as one of the principal means of ridding the public of the evils of quackery. It is not a mere occasional effort—some address, some short article in a public journal, some fling of biting sarcasm, or some sally of wit—that will do it. Men of strong sense and good judgment, when they are led into error, as such men often are on the subject of medicine, are not to be delivered from that error by such means. Remedies of a more searching character, and a treatment more patient, thorough, and persevering, are required to reach their case.

It is very desirable that this individual influence be exerted by medical men, because the class of persons to whom I have alluded, and who may be successfully reached by it, are the chief pillars of empiricism. It is true, I will allow, that the ignorant, the enthusiastic, and the novelty-seeking, make up the great mass of the patrons of quackery; but they are kept in countenance by those men of acknowledged good sense, who are found in considerable numbers in every community, supporting empiricism in some of its many forms by the weight of their example. The plain unlettered man who takes some patent medicine, is encouraged to do so by the example of some neighbor of

general repute for shrewdness and wisdom, or perhaps of commanding talents and influence, and by the array of great names which he sometimes sees appended to certificates. A sort of general license is thus given to empiricism by this occasional endorsement by men of this character.

Some other reasons, besides those already mentioned, for the want of success in efforts for the overthrow of quackery, remain to be noticed.

The credulity in the public mind, that gives rise to the errors on which quackery is based, is encouraged by a similar credulity existing, to a considerable extent, in the medical profession itself. If the physician is seen to believe upon mere plausible evidence one thing, his friends will feel justified in believing some other thing resting on similar evidence. If he is not careful in sifting evidence, he cannot expect that others around him will be. If he, for example, give full credence to all the juggleries of animal magnetism, and all the extravagancies of phrenology, as they are put forth by travelling lecturers, how can he hope to dissuade an undiscriminating public from exercising a like credulity, in regard to the pretensions of quackery, which are not a whit more extravagant and fallacious?

The influence of the example of physicians in sustaining empiricism shows itself occasionally in a still more objectionable mode, than the one just mentioned. The profession sometimes gives its sanction to the credulity of the public, not only by indulging a similar credulity, but by giving currency to some of the measures with which the quack deceives a credulous community. Many physicians, and some of them of high standing, have for various reasons given certificates in regard to patent medicines. Some too, from the love of money, have even ministered to the empirical tastes of the community, by getting up some secret

nostrums of their own. Such physicians either boldly bid defiance to an indignant profession, or save themselves from merited disgrace and expulsion, by announcing, that they are willing to make known, to any physician who asks it, the composition of their medicines. By this miserable artifice they comply with the letter of our regulations, while they go directly counter to their spirit. For, after all, the successful sale of their medicines requires the employment of the same measures, to act upon the credulity of the public, which are made use of by the whole herd of ignorant quacks, and they commonly have little scruple in resorting to them.

But there is a greater evil still, beyond all this, that exists in the medical profession, hindering it from waging successful war with empiricism. It is the *spirit* of quackery, actuating quite a large proportion of the profession. It is not always manifested in palpable shape, and in acts which can be exposed to the contempt of all honorable men, but it exerts a concealed and yet a constant influence upon the habits of intercourse, prompting to the use of cunning arts in order to deceive the community, exciting an overweening desire for reputation, with an indifference to the grounds upon which it is based, and producing a competition among physicians that rests, to a great extent, if not wholly, upon false issues. Where such a spirit exists, the object is not so much to seek after truth, as it is to make out a good case in the eyes of the public. No effort is therefore made to correct the credulity of that public, but this is looked upon as one of the instruments to be used for the attainment of their selfish ends. They follow medicine as a trade, and this is an essential part of their capital.

I need not spend time to show, that this subserviency of medical men to the credulity of the public, is one of the

worst obstacles to the eradication of the quackery which results from this credulity. And this mode of self-aggrandizement is an evil, which prevails in the profession to a greater extent than is commonly supposed. It is so covert and sly in the case of many physicians, that it is called by their friends worldly wisdom, or perhaps even good judgment. And the physician who adopts it, if he have much conscience, quiets it with the consideration, that the world cannot be reformed, but we must take it as it is; and he looks upon the honest votary of medical science, that pursues his investigations in obedience to a love of the truth, independent of the whims of a credulous world, as a man who has not sense enough to look out for his own interests.

It must be obvious to my readers, that a reform is needed in the ranks of the medical profession, to enable it to exert any commanding influence in the removal of empiricism. Not only is its dignity impaired, but its energies are crippled, in all its honest endeavors for this object, by the extent to which that spirit, which I have described, prevails among its members. It is not confined to a few of the ignorant and grossly unprincipled, who have stolen into our ranks; but it is seen to a greater or less degree even in some who occupy stations of power and influence, and in quite a large portion of the common mass of practitioners. This may be considered by some as too strong a charge to bring against so noble a profession; but my own observation, and that of other physicians from different parts of our country, prove it to be a true charge.

Let then the profession be purged. Let the true spirit of investigation animate all the members of it, instead of only a portion of them. Let that short-sighted policy, which relies upon the credulity of the community for success, instead of attempting to correct it, be given up. Let all

false issues be avoided. Let reputation be sought after on true grounds, and let competition be honorable, and therefore such as will further the cause of truth, and promote the interests of the profession, and not sacrifice them to mere temporary self-aggrandizement, as is now so often done.

If such could be the prevailing spirit of the profession, and if each member of it should undertake to exert his individual influence in the way that I have pointed out, there is no doubt that a most effectual blow would be given at once to the domination of quackery. The whole profession then, instead of being dispirited by the errors and inconsistencies of a large portion of its members, as it now is, conscious of the strength which self-respect always inspires, would present a bold, unbroken front in its warfare with empiricism. The community then would not, as they do now, take a license for their own credulity and quackery from that of medical men; but the uniform example of the profession, in its search after truth, would always rebuke the spirit of empiricism, and prevent, in a great measure at least, the sensible and well informed from coming under its influence. That such a change can be produced, to a great extent at least, I have not a doubt. But in order to accomplish it, all the honorable and the true votaries of medical science must be aroused to the effort, and must make common cause both against the abuses that exist in our own ranks, and the abounding and multiform quackery of the public. And because some of the occasional efforts which have been put forth by individuals for this object have effected but little, we should not therefore despair as to the success of a general and united effort.

We would call upon the stable and well-informed in the community to co-operate with us in effecting this change. They can render us very material assistance. In what

ways they can do this I will endeavor very briefly to point out.

One of the most effectual means of eradicating quackery is the promotion of a thorough education of the medical profession. The lower the standard of education is among medical men, the greater will be the number of ignorant pretenders who will gain admission into their ranks, and consequently the greater will be the prevalence of quackery in the profession, and of course in the community. This result is the more certain to follow, because deception and imposture are practised upon the public so much more easily in medicine, than in regard to other subjects. And it is for this reason that it is for the interest of the community to have a proper standard of medical education maintained *much more even than it is for the interest of the profession itself.* For so little are they qualified to judge on medical subjects, and so much are they obliged to take medical practice upon trust, that it is important for them, that they should have all the benefit of the safeguards which the requisitions of our professional organic relations throw around them. And this leads to me say, that it is only through these organizations that a proper education of the profession can be secured. Imperfect as they are, and much as they fall short of accomplishing fully the object, if they were done away, as some self-styled reformers, who hate all 'regularism,' desire, empiricism would abound vastly more than it does even now, for the door then would be opened widely for the impostures which it so easily practises upon the people.

The community are much at fault in their opinions and practices on this subject. These organizations are lightly esteemed, and sometimes even treated with contempt. Even those who are shrewd and judicious in all other matters, often put the quack of a day on a level with the ac-

credited physician, laden with the carefully gathered experience of years, or perhaps even above him, and welcome with open arms the advocate of some new system for the moment high in favor, with scarcely any regard to the inquiry, whether he has been educated in any proper manner for the responsible post into which he has thrust himself. Many a man of fair address, and a good share of cunning, with but a mere smattering of medical knowledge, has dubbed himself a physician, and, adopting Homœopathy, or some other system just then in fashion, has imposed not only upon the ignorant, but the intelligent and learned.

This ought not so to be. The public should, one and all, feel that they are personally interested in upholding a well-educated medical profession. Here is a science which is confessedly difficult above all others, and in which, as you have seen, careless observation is peculiarly liable to error. How important then, that those who take charge of your health, your life, should be careful and skilful observers. And education is obviously as much needed to form good habits of observation in this, as it is in other sciences. But let me say, that whenever you give countenance to quackery, whether it be in the shape of a secret nostrum, or a fashionable system, you strike a blow at the standard of medical education. You in effect say to the physician, observe, watch, study as much as you will, we esteem all your labor and experience vain. When men of wisdom and influence do thus, as I am sorry to say they often do, it certainly casts contempt upon education, and therefore tends to lower its standard in the profession. For if physicians see, that they can acquire the esteem of the public without study and labor, many will be disposed to give them up, and take the easier path to success, into which they are thus invited.

And this is the grand reason, why so many pretenders are found in the ranks of the medical profession.

Before I leave this topic let me correct one error, which is quite prevalent in regard to the basis of our organizations. We are charged with being proscriptive in regard to opinions. We are called in vulgar cant *regulars*, and we are supposed to have 'regular' systems of doctrine and practice, and to maintain a deadly hostility to any opinion which is opposed to these systems. This may be true of individuals, but it is not true of the great body of the profession. We allow of the utmost latitude of belief. We have no creed, nor sets of creeds. We thrust none out of our medical societies for opinion's sake. Any member may adopt any doctrine or system he pleases, however much opposed to the opinions of the great majority—Homœopathy, Hydropathy, or even Thompsonism. Education is the qualification for admission to our ranks; and nothing but a gross and obstinate infraction of our rules of intercourse, which are based upon truth and honor and benevolence, can be made the ground of expulsion.

Another way in which the stable-minded and well-informed can assist the medical profession, in the eradication of quackery, is by renouncing all fallacious means of judging of the merits of physicians, and relying upon those which I have shown to be so apt to lead to correct conclusions. For an extended view of this subject I refer the reader to the chapter on Popular Estimates of Physicians. And I will only remark here, that, while the honorable practitioner desires from his employers an *intelligent* confidence, the quack and the quackish physician are very willing, that the community should continue to judge of medical men by the same false rules, which have been so long in vogue,

because they subserve so well their narrow and selfish purposes.*

The sensible and influential in the community can render effectual aid in the overthrow of quackery, by promoting the strict observance of the rules of medical intercourse. These rules are not officially understood and appreciated by the public. If they were, those who have influence in society would frown down the base arts of a cunning competition, instead of encouraging them, as they now often do; and would give no countenance to the false issues upon which empirics and dishonorable physicians so much depend for their success. For a full view of this subject I refer my readers to the chapter on the Intercourse of Physicians.

A recent movement of the medical profession in this country, if I mistake not, is destined to exert a great and a permanent agency in the overthrow of empiricism. I refer to the formation of the "American Medical Association" in 1847. Although the meeting in Boston in May last was only the *second* annual meeting of the Association, so fully did the profession throughout the country respond to the

* There is nothing by which the quackish practitioner is more plainly distinguished from the honorable one, than by the mode of competition in which he engages, and the kind of reputation at which he aims. He resorts to tricks, and raises false issues. He boasts of success; and, if he do it skilfully, he does not much endanger his reputation for a proper degree of modesty. He is always finding out something wonderful in his cases—something which it is supposed other physicians have not acuteness enough to discern. He loves to see the credulous, whether learned or unlearned, gaze at his wonders, and to hear the loose tongues of gossipers busy in his praise. He aims at a reputation for performing great cures in cases in which others have been said to fail—*a reputation which no honorable physician ever has, however eminent he may be, because he does not seek after it.* Every quack seeks for it, and acquires it to a greater or less extent. The physician can have it if he will make it his aim, but in doing this he puts himself on a level with the quack in the common field of empiricism.

call, that the number of the delegates amounted to about four hundred and fifty. The measures which have already been entered upon, and the spirit which has been manifested, clearly indicate, that the great object for which the Association was formed, "the elevation and advancement of our common calling" will be rigorously and steadily prosecuted. The recurrence of this *festival* of the profession from year to year, I fully believe, will be marked by real advances in all the interests of medical science.

And now, I ask, is it too much to expect of the stable and well-informed in the community, that they will give their countenance to the objects at which we aim? While we are thus struggling together to elevate the standard of medical education, and to rid our noble profession of the abuses which impair its honor and its usefulness, we have a right to demand of the community, which is to be especially benefitted by these efforts, a cheerful and active support. Whether this shall be given us, will depend upon the men of influence in every profession and occupation in our land. It is to them that we make our appeal, and we believe that it will not be made in vain.

CHAPTER XII.

INTERCOURSE OF PHYSICIANS.*

The object of this chapter is to notice some points in relation to the intercourse of physicians, which the community ought to understand, and to correct some prevalent errors, which tend to destroy the harmony of the profession, and to impair its usefulness.

Mistaken notions are very prevalent, even among thinking and judicious men, both in regard to the object of consultations, and the principles by which they should be regulated. These notions sometimes exert a very injurious influence, and the patient is deprived of the benefit to which he has a right, from the combined wisdom of those who consult upon his case.

What then is the main object of a consultation, is an important inquiry.

It seems to be considered by many as the chief object of a consultation to decide the question, whether the patient will die or recover. We hear ignorant people talk about a 'jury of doctors,' and they ask 'what they gave in,' as if

* I have placed in the Appendix the Code of Medical Ethics adopted by the American Medical Association, in which the reader will find concisely stated the rules and principles, which I have endeavored to illustrate in this and in some of the other chapters of this work.

a sort of verdict was to be pronounced of a decisive, almost a binding, character, in regard to the result of the case. The same erroneous ideas are, to some extent, to be found among sensible and well informed people, though they are expressed in a different way. Let me not be understood to say, that the question, whether the patient will probably recover, should not come up for consideration at all. But it is certainly a gross error to suppose, that the decision of this question is a principal object of the consultation. It is in fact a merely incidental object, and it is profitable only as it may have some bearing upon the treatment, as it sometimes does, though much less often, and to a less extent, than is commonly supposed. Sometimes, I may say often, nothing like a decision of this question can be arrived at. Farther developments in the progress of the case must be waited for before this can be done.

Neither is it the object of a consultation to have the physician who is called in prescribe to the attending physician what he shall do; though this is often considered to be the object, especially when the consulting physician is much older than the one who is in attendance upon the case. *Dictation* is certainly very far from being consultation.

Again. It should not be among the objects of the friends of the sick, in calling a consultation, to obtain the opinion of the physician who is called in upon the course of treatment which has been pursued. He has nothing to do with the past, except so far as it will aid him in discovering the true nature of the case, and in fixing upon the course to be adopted at the present time. He steps out of his province altogether, if he says anything to the friends in regard to what *has* been done. This general rule applies not only to criticisms upon practice, but to all expressions of approba-

tion also. The patronizing air, with which some physicians utter their commendations of the course, which has been pursued by the attending practitioner, is a most flagrant insult. It generally involves an unwarrantable and ridiculous assumption of superiority. It is a common trick resorted to by the dishonorable, to impress upon the bystanders an idea of their greatness.

The friends of the sick often put the consulting physician in an awkward position, by the inquiries which they make of him in regard to the measures which have been pursued. If he really approves of them all, of course there is no difficulty. But suppose that he does not—that he cannot say with truth, that if he had been called to the case at the first he should have adopted precisely the same course. What answer shall he make then to the inquiries put to him? Shall he reply to them fully and frankly? By no means. It would be cruel both to the friends of the patient and to the physician to do so. He has no right to take such a course, unless there be gross and palpable malpractice, which the good of the patient and of the community requires should be exposed. This is the only case which can justify such a measure. Where there exists merely that difference of opinion, which results from the various individual notions and preferences and doctrines of physicians, all such inquiries of the friends of the sick should not be replied to.

There are also some exceptions to the rule in its application to expressions of approbation. If for example an older and well-established physician, on being called in to the patient of a junior member of the profession, sees that the propriety of the course, which has been pursued, has been called in question by some of the friends or by busy bodies, it is his duty to volunteer in the defence of that

course if he can conscientiously do it. Older physicians often have such opportunities of doing essential service to meritorious young men.

It is only such cases as I have mentioned, which form the exceptions to the rule laid down. The general practice of remarking upon what has been done cannot be too severely reprobated, as opening a wide door for cunning intrigue and ungenerous insinuation. The honorable physician desires no such privilege, but the dishonorable prize it highly, as one of the means of inflicting their base wounds upon the reputation of their competitors. Such physicians are ever ready to answer the inquiries of friends and neighbors, about the previous treatment, in every case to which they are called. They commonly prefer to do this in a corner, rather than openly. Whenever they see that a stab can be given to the professional character of any competitor they do it, and often so stealthily, that it is not seen. A word, a look, a mere movement of the head may do it, and perhaps oftener does it than any tangible expression of opinion. An open show of the weapon that inflicts the wound the cunning and dishonorable physician most studiously avoids.

In this connexion I may remark, that the bandying about of the opinions of this and that physician, in regard to different cases, by their partizans, is one of the chief causes of the jealousies and quarrels among the members of our profession. If the friends of the sick would ask simply for the result of the consultation, instead of endeavoring to obtain the opinions of each physician in regard to the various points of the case, it would manifestly shut out all opportunity for intrigue at such times. And it is to this result alone that they have any right under ordinary circumstances. When a consultation is held, it is expected that

some definite conclusion is to be arrived at, in relation to the nature of the case, and the treatment of it. It is the result of a *deliberative* body, no matter of how few, or how many it consists. The individual opinions expressed in the deliberations leading to this result are wholly confidential; and whoever reveals them without the consent of the parties is guilty of a breach of confidence. So long as the attending physician is alone in the case, he acts as an individual; but when a consultation is called individual action ceases, and he is now to act in obedience to the result of the consultation—his duty is simply to carry out that result. He is the *executive* of the acts of the deliberative body. He alone is to give the directions in the management of the case. If the consulting physician gives any directions either voluntary, or in answer to the inquiries of the friends, he usurps authority which does not belong to him. His business is simply counsel, deliberation, and not action; unless, as in some surgical cases, he is called in for both purposes.

The chief object of consultation, which is to fix upon the best course to be pursued in the treatment of the patient, is to be secured by thorough and free investigation and discussion of the different points of the case. Anything which interferes with this mode of attaining the object has a tendency to defeat it. If, for example, jealousy exist—if one physician feels that the other is disposed to take advantage of anything that may occur, which can possibly be turned to his own benefit, there can be none of that frankness which is so essential to the accomplishment of the object proposed. A consultation between enemies is generally a failure, though the friends of the patient may not always know it. At the same time, let it be remembered, that the mere fact that physicians are competitors does not neces-

sarily make them enemies. If the competition be an honorable one, and neither is disposed to treat the other in an ungentlemanly manner, there is nothing to hinder their consultation from being free and unembarrassed.

Physicians should always be alone in a consultation. The presence of others would prevent that freedom of discussion, which in some cases is so necessary. For each physician, knowing that his individual opinions will be reported by those who are present, would be very cautious in expressing them, and there would therefore be none of that freeness of suggestion and discussion, which is so desirable in a consultation. And farther than this, while the honest and high-minded physician would be simply embarrassed under such circumstances, the selfish and unprincipled physician would, on the other hand, express his opinions with a view to their effect upon his own standing with those who are present, while the welfare of the patient would be altogether a secondary object. His main object would not be consultation based upon a rigid investigation of the case, but an exhibition of his skill and knowledge to the non-professional listeners.

The reasons which I have thus briefly given, are, I trust, sufficient to show the reader the reasonableness of the rule, which excludes the friends of the sick from the consultations of the physicians. But it is sometimes spoken of as unreasonable, and a strict adherence to it is considered by some as implying a want of frankness and candor. Tattlers and busy-bodies are ready to attribute some sinister design to this bar which is put upon their curiosity; and some physicians, especially in the country, where there is apt to be less regard to strict rules in medical intercourse, than in our cities, sometimes flatter this prejudice, and assuming an air of frankness in the expression of their

opinions, adroitly throw the responsibility of the exclusion upon some of their brethren.

The intrigues, which are practised by the cunning and dishonorable in connexion with consultations, are very numerous. I will notice a few of them.

Sometimes, when there is perfect agreement between physicians in a consultation, the friends of the patient in some way get the impression that their views of the case are really different. They therefore sound the consulting physician on the subject. If he be an honorable man, he will at once say that they have agreed upon the course to be pursued, that he approves of it entirely, and that the attending physician will carry it into effect. But if he be unprincipled and intriguing, he will increase the impression, or even create it if it do not already exist, that there is disagreement; and he will do it so adroitly, that, while he will say nothing that is tangible, he will yet excite curiosity to know his views more fully, and feed the desire, which perhaps some partizan of his has awakened by his representations, that he shall take charge of the patient. If he thus gets possession of the case, as is often done, he will perhaps adopt the very course agreed upon in consultation with his brother physician, from whom he has filched it, and will alter only the *form* of the medicines, so as to give the appearance of an actual change in the treatment.

If after a consultation the patient improves, and the change is attributed by his friends to some particular remedy, credit is sometimes acquired by the dishonorable physician, by producing the impression that the remedy was suggested by himself. He makes perhaps no distinct assertion to that effect, especially if there be no ground for it, but in his conversations with the patient and his friends, he throws out such hints, and manifests so much interest

and delight in speaking of the effects of the remedy, that the desired impression is made.

When, on the other hand, a case terminates fatally, and, as often happens, the friends of the patient are disposed to find fault, and fix upon some remedy, or measure, as the chief cause of death, the intriguing practitioner seeks to make capital for himself by fastening the blame upon the physician who had the management of the case. He does this, not by any direct and open attack upon him, for then he would be exposed, but by slyly ministering to prejudices which he finds awakened against him, or by exciting such prejudices by insinuations, and remarks of so indefinite a character, that he is effectually screened from detection.

Physicians who are called in consultation often have opportunities of defending the reputation of the attending physician from unjust attacks. And if they fail to make the defence when truth demands it, they may be quite as guilty as they would be if they volunteered the attack themselves, for they give to it their sanction; and yet, by doing no positive act, they shield themselves from blame. Lending a listening ear to aspersions upon the reputation of a medical brother, negative as the act is, is under some circumstances more base, and does more harm, than any open and bold attack.

An artifice, which is not unfrequently employed by the dishonorable physician after being called in consultation, is this. On meeting some friend of the patient he inquires very particularly about the case, asks whether this or that medicine or measure has been tried, expresses by word, or perhaps only by his manner, some surprise at being answered in the negative, though he really has no reason for doing so, and says that he will see the attending physician in relation to the matter. He does not see him—he has no

CHAPTER IX.

THEORY AND OBSERVATION.

All real knowledge is based upon observation; and it is the facts discovered by observation, which, accumulating from age to age, constitute the *store* of human knowledge. Not a single grain has ever been added to this store, in all the ages of the world, through the instrumentality of theory alone. Theory, or hypothesis, has often suggested the existence of facts, and has directed in the pursuit after them, but observation after all is the only agent that has discovered them.

Facts are of two kinds—particular and general. General facts are discovered by a careful observation of a great number of particular facts. Thus Newton, by observing many particular or individual facts, established the general fact, which is called gravitation, viz., that all bodies are attracted towards each other, or have a tendency to come together. So in medical science, by an observation of many facts in individual cases, it has been discovered, that there is a tendency in the human system to restoration to health, whenever it is attacked with disease—a tendency, existing as a general fact, to which has been given the name, *vis medicatrix naturæ*.

intention to do so. His only object is to create dissatisfaction, or, if the patient dies, to produce the impression, that the measures which he alluded to were agreed upon, and ought to have been followed, and if they had been, they perhaps would have saved the patient.

The selfish and cunning physician is apt to make comparisons between the cases to which he is called in consultation, and some of his own cases of the same complaint, which he speaks of as having been very severe, though they terminated successfully. His object is to set forth his own skill, and in doing this he commonly very much overestimates the severity of the disease in his own cases.

Some physicians *manifest* a deep interest in the patients of their brethren, and make many inquiries of their friends, in regard to the nature of the disease, and the mode of treatment. And if their services are requested in consultation, they are exceedingly attentive at the time, and make some very friendly calls afterwards. This undue attention, assuming the guise of great kindness and a lively interest in the welfare of the patient, though a burdensome and painstaking trick, is nevertheless a very common one.

Sometimes a physician is called in consultation in a case which is not of a grave character, because the friends of the patient think that the attending physician places too low an estimate upon the severity of the disease. If he be an honorable man, he will under such circumstances have no hesitation as to his duty, but will at once say, that the attending physician is right in his views of the case, and that they are unnecessarily alarmed. The cunning and dishonorable practitioner pursues a different course. He makes a great show of examining the case thoroughly, asking many utterly needless questions; and, though he may sooth the anxieties of the family of the patient, and express

the belief that he will recover, he does it in such a way as to favor the impression, that the attending physician was not really aware of the magnitude of the case, but that *he* on the other hand, has estimated it aright, and has looked into it as it should be done.

The dishonorable physician often makes difficulty, by attempting to hold on to the patient of another, when he has been called in a case of emergency. His plain duty under such circumstances is to give up the patient to the family physician when he arrives, or to request that, for this purpose, he should be sent for, if it has not already been done. And in all cases, in which the physician is doubtful, whether he has been called accidentally or from choice, he should take measures to remove the doubt. Some, in their eagerness to get practice, make no effort to settle this question, but disregard all the evidence which may appear against their claim to the patient; and, taking it for granted that the case is theirs, proceed at once to its treatment, and hang on to it till they are actually driven from the ground. And if they have a good share of assurance, they manage by this dishonorable course to keep possession of many cases which rightfully belong to their more modest neighbors. For many persons, from the fear of giving offence, are reluctant to tell them frankly that their services are needed only for the present emergency, and the physician of the family feels that it would be at least awkward for him to assert his rights under such circumstances.

Sometimes a second physician is sent for to see a patient without the knowledge of the one in attendance. This may be done from the whim of the moment, or from the earnest recommendation of some meddler, or from a desire to obtain the opinions of another practitioner, which, it is perhaps thought, will be more candid and unbiassed, with-

out a formal consultation. A strictly honorable man, when thus called in, declines giving any opinion at all, for he considers that he has no right to have anything to do with the case, unless he meets the attending physician in consultation, or the case is fully and openly transferred to his care. Not so with the dishonorable and intriguing physician. Such calls furnish him with opportunities for exercising his cunning, which are too good to be lost.

It is a very common idea, that physicians are generally attached, to a foolish degree, to the rules of etiquette in their intercourse. Many talk as if the welfare of the sick, and sometimes even life, is sacrificed to it. The physician is often entreated to lay it aside, as being an obstacle in the way of his usefulness. When, for example, he is sent for to visit the patient of another physician without his knowledge, it is perhaps said to him, 'we wish you to give up all etiquette—if you can do any good to this poor sufferer, do it.'

The impression which is so common in regard to this subject is an erroneous one. The rules of intercourse which govern the medical profession abridge no man's liberty. A strict adherence to them favors freedom of intercourse, by maintaining mutual confidence; while a disregard of them destroys this freedom, by engendering mutual distrust. The truly honorable physician is therefore always scrupulous in obeying them, while the dishonorable physician prefers a lax observance, because it furnishes him with occasional opportunities of obtaining by his manœuvres advantages over his medical brethren.

I have thus noticed, as briefly as I could, some of the dishonorable practices which are common among physicians, impairing the harmony of their intercourse, and therefore limiting the usefulness of the profession. I have done so,

principally because the community do not appreciate in any just degree the evil of these practices, and therefore those who are guilty of them generally escape with impunity, especially in the country, where there is no medical public opinion to control them, as there is in the cities and larger towns. It is well that the 'tricks of the trade' should be understood; and that the public should be able to discriminate, better than it now does, between those who are honorable practitioners, and those who are not.

The differences, the jealousies, and the quarrels of medical men have become proverbial. 'Who shall decide when doctors disagree,' is often uttered as a reproach upon the profession, not only in regard to its opinions but its practices also. It is manifest to every one, that a jealous and quarrelsome spirit is more prevalent among physicians, than it is in the other professions. The reasons for this I will briefly notice.

These reasons are to be found in the peculiar circumstances which attend the relations of physicians to each other, and the community.

As the reader has already seen, the public have, for the most part at least, no *direct* means of judging of the correctness of a physician's practice, for the whole science of medicine is to them a mystery. He can commit the most gross and fatal errors, even while his patients and their friends may be reposing the most unlimited confidence in his skill and wisdom. His professional intercourse with them is indeed wholly a matter of confidence. The positions advanced by the lawyer can commonly be correctly appreciated by ordinary intelligence; the doctrines proclaimed by the clergyman it is the privilege and the duty of every man to examine by the light of the Bible; but the prescriptions of the physician must for the most part be

taken upon trust. There is great room therefore for imposition; and the more, because with all this ignorance of medicine, most people are apt to think that they have no inconsiderable amount of knowledge on this subject.

It is in this facility with which deception can be practiced upon the community, that we find the principal circumstance that fosters the jealousies, the disagreements, and the bickerings which disgrace the medical profession. For it is this facility which tempts to the use of all those arts and manœuvres, that are so common among physicians. If the practice of these were confined to empirics, and to physicians who have an established character as dishonorable and intriguing men, the evil would by no means be as great as it now is. But it is not thus confined. The facility for deception is so great, and the temptations to turn it to profit are so many and constant, that many physicians, who are in the main honorable, occasionally yield to the temptation. This of course begets to some extent a general distrust, and then circumstances from time to time produce jealousy, perhaps disagreement and strife.

This state of things is promoted by the peculiar relations which the physician sustains to his employers. They are generally his warm friends, and are ready to act with zeal in his favor, and to recommend him earnestly to those upon whom they have any influence. The attachment of families to their physician is somewhat peculiar, differing essentially from the preferences which are felt in regard to other professional men. The result is, that each physician has a party in the community composed of all classes and ages, and a large portion of that party are active in urging his claims. This of itself so affects the competition in which he is engaged with his brethren, that it is apt to awaken distrust and jealousy. And besides, interferences are some-

times practised which aggravate the difficulty. Some attribute most of the strifes of physicians to these interferences; and assert that if their friends would let them alone, there would generally be no want of harmony among them. Though there is some truth in this remark, yet it is certain that physicians are often the prompters of these interferences. Some physicians always have a troop of busybodies trumpeting their fame. They have a tact in drawing such persons into their train, and they do it by precisely the same means by which the quack accomplishes the same object. The quack and the quackish physician are alike in this respect. The prompting influence, thus exerted, may not always be obvious, and sometimes is least so when it is the most effectual. The old adage, that the highest evidence of art is in the concealment of art, is applicable here.

The disposition to jealousy and strife in the medical profession is also promoted by the associations which are sometimes formed by physicians with each other, or with the community, for the sake of furthering their own selfish ends. Professional cliques on the one hand, and alliances with various societies, social, moral or religious, on the other, when relied upon as means of advancing one's professional interests, are always inimical to the harmony of medical men. They render competition unfair and dishonorable, and therefore contentious. The physician who calls to his aid the influence of a sect, or a party, or an association of any sort, in so doing not only places himself in an attitude to awaken distrust, but subjects himself in maintaining the alliance to a necessity for employing means of self-aggrandisement, which will conflict with the rights of others, and will therefore involve himself in either a secret, or an open warfare with his brethren.

It is peculiarly true of the physician, that he will always find it for his interest and especially for his comfort, to obey the injunction of the Apostle, 'If it be possible, as much as lieth in you live peaceably with all men.' Sometimes it is hardly 'possible' even for the strictly honest and honorable to do so. It is sometimes difficult to restrain the outburst of an honest indignation provoked by the base tricks of physicians, who, in spite of such tricks, hold an honorable position before the community. But it is best to do it, if 'possible.' For even if the act complained of be clearly and palpably a disgraceful one, the public, with their present ideas of the rules of medical intercourse, will not generally appreciate the true merits of the case. The friends of the physician who has committed the act will be disposed to think him right; and those who feel indifferent to the matter, will turn it off with the old remark, 'two of a trade cannot agree,' as if that settled it. If one who has been injured by a competitor manifest any sensitiveness, and is earnest in denouncing the act, he will generally make the matter worse for himself. And if his opponent keep still, and utter the little which he does say very slily, he will be sure to gain an advantage over his more honest, but less cunning, neighbor. It is especially true of the medical profession, that one gives dignity to a dishonorable opponent by stooping to quarrel with him. The artful often endeavor to provoke the honorable to strife, managing at the same time to produce the impression upon the public mind, that they themselves have no disposition to quarrel. The best course therefore, commonly is, to avoid as much as possible, and in a very quiet way, having any intercourse with the artful and intriguing in the profession.

I have spoken of the interferences of the friends of physicians as occasioning jealousy and contention in the profes-

sion. It is proper to remark that such interferences ought to produce no ill feeling, unless they are prompted or justified by physicians themselves. No physician should be held responsible for all the injudicious or mischievous acts, which may be done by over-zealous patrons in his behalf. I would also remark in this connection, that the representations which are made by the friends of physicians in regard to the acts or sayings of their competitors, which are so apt to excite ill feeling, and foment so many quarrels, are very often to be received with many grains of allowance, and sometimes are wholly false.

When the medical man has arrived at that period of life, when, from the amount of his experience through a long practice, he will be called upon often by younger physicians in consultation, he may stand in a very enviable position. He *may*, I say, for it depends altogether upon those habits of intercourse which he has cultivated from the beginning. If he has been governed by wrong principles in his competition with his brethren, and has treated them in an ungentlemanly manner, mutual distrust and jealousy will mark the intercourse between him and younger physicians, and his situation will be far from being a desirable one. His standing with the community may give him the power of extracting from them the show of respect, and some of them may be attached to him as partizans, from mere motives of policy, but he cannot obtain from them a true respect and attachment. It is melancholy sometimes to see the intriguing practitioner, tottering on the brink of the grave, as busy as ever with his petty arts in filching whatever he can get of credit, or respect, or advantage, in his competition with his medical brethren.

If, on the other hand, the physician has been governed by honorable principles in his intercourse, when he acquires

the eminence which the fact of having had a long and thorough experience gives him, the respect of his younger brethren is cheerfully accorded to him, and his declining years are made happy, being free from the strifes and jealousies which so often disgrace our profession.

In concluding this chapter I remark, that neither controversy in regard to opinions, nor competition in practice, necessarily implies contention. Though the controversy may be earnest, and the competition active, so long as the former is honest and candid, and the latter is honorable, they will not impair the harmony of the profession, and they will greatly promote the cause of truth, and the interests of medical science.

CHAPTER XIII.

INTERFERENCE WITH PHYSICIANS.

GREAT latitude is allowed by the community in interfering with the practice of physicians. It is the object of this chapter to point out some of the ways in which this interference is exercised, and some of the injurious consequences which result from it.

Sometimes the confidence which one feels in his own physician leads him to put a low estimate upon the merits of other physicians and to attempt to destroy the hold which they have upon the confidence of their employers. Though this is very common, it is a most unjustifiable interference. While it is right that every one should be attached to the physician who has done well for him and his family in their sickness, this furnishes no ground for disparaging the physician to whom another is attached, perhaps for just as good reasons. He may sincerely believe that his friend has misplaced his confidence. But let him ask himself, am I sure—do I *know*, that it is so? Have I the data on which I can properly base such an opinion? Am I competent to judge of the comparative merits of the two physicians from observing their practice? If every one, who is tempted by a mere preference, or by pride of

opinion to practice the interference referred to, should put to himself such questions as these, he would at least be less positive in his opinions, and less zealous in his efforts to unsettle the confidence of others in the physicians whom they employ.

Let me not be understood to mean that interference is proper in no case whatever. There are cases, in which it is not only allowable, but it is even an imperative duty. If you see a friend confiding in a quack, or an unskilful and ignorant practitioner, it is your duty to persuade him to relinquish such a misplaced confidence. But you must remember that the evidence upon which you act should be clear and satisfactory, and that no mere preference can justify such an interference, however strong that preference may be. So also, if you have a friend, who trusts his own life and that of his family in the hands of an intemperate practitioner, it is a case which calls loudly for the warnings of friendship. But in this case, you must have better evidence of the fact, upon which your advice is based, than mere suspicion, or vague reports.

Some of those, who are fond of practising the interference under consideration, hesitate not to make the most severe and reckless attacks upon the professional reputation of physicians. Indeed, such attacks are quite common in all circles. Though the non-professional observer, as you have seen, is not capable of estimating correctly the results of medical practice, many are in the habit of expressing their opinions upon this subject freely, and sometimes very harshly, especially when any case comes to a fatal issue, In such a case the busy partisans of other physicians are ready to cast blame upon the practitioner who has attended upon it, though all they may know in relation to it may be the idle rumors which come from gossiping tongues. The

interests of the physician are often seriously injured by the reckless opinions thus expressed by men, who, though wholly incompetent to judge in such matters, from their wealth and standing have considerable influence.

The professional reputation of medical men seems to be considered by common consent as fair game for the shafts of all, whether high or low, learned or unlearned. Although the charge of mal-practice is a serious charge, especially when it has relation to the death of a patient, it is exceedingly common to hear this charge put forth without any hesitation, and in the most positive manner. So common is it, that it awakens but little feeling; and, though it be a shameful enormity, it seldom meets with any rebuke. A very severe rebuke was once administered by a judge in Massachusetts to a lawyer, for hinting at the charge of mal-practice against a physician, who was one of the parties in a case before the Court. The insinuation was intended as a sort of make-weight for the advantage of his client. The judge at once inquired of the lawyer, if he intended to make that a point, giving him to understand, that if he did, he would be expected to produce evidence bearing upon it. The lawyer said that he did not. 'You will withdraw that point then,' said the judge, 'and indulge in no farther remarks upon it.' Very soon, however, he made the same insinuation again. The judge interrupted him, and remarked, that, as a professional man's reputation was of the highest value to him, and was even the means of his livelihood, he would not suffer it to be wantonly attacked in any case; and he told the lawyer, that, as he had twice brought the charge of mal-practice against this physician, he should not permit him to go on with his plea, till he had withdrawn it in *writing*. It would be well if the same regard for the value of professional reputation were

felt by all our judges, and by all the wise and influential in the community.

Let me not be understood to claim, that the merits of physicians should not be canvassed at all by the community. There should be freedom of opinion upon this subject; and, when it will accomplish any good purpose, there should be freedom also in expressing that opinion. But the opinions of those who are ignorant of the subjects to which they relate, and who are not in possession of the facts in the case, ought at least to be uttered with some degree of modesty, and a mere blind preference is no justification of the bold opinionating, and the busy interference, which are so common with the train of zealous partizans, which some physicians draw after them.

Some in their zeal carry their interference even into the chamber of the sick, and disturb its quiet with debates in regard to the propriety of the practice which is pursued. To say nothing of the evil resulting from the excitement thus produced, the influence of the physician over the mind of the patient, which, as you will see in another chapter, is sometimes of great importance, is often destroyed in this way. Hope is as real a cordial to the sick as any restorative medicine that can be given. And the meddler, who attempts to destroy the confidence of a patient in his physician, and thus take from him the hope that he will be relieved by his skill, does as cruel an act as if he entered the sick room and snatched from the very lips of the enfeebled, languishing, and perhaps dying man, the cordial draught which was to revive him.

Some are zealous in their recommendation of medicines to the sick, and perhaps even urge the patient to take them without the knowledge of the attending physician. Such meddlers have no scruples in regard to this interference

with the physician's course, so long as the responsibility of the case remains upon his hands; but the moment that it is proposed to them to take the responsibility upon themselves, they shrink from it, notwithstanding the confidence and earnestness with which they urge the use of their favorite remedies.

It is amusing to see what various, and even opposite measures are recommended by different persons in the same case. The friends of a patient, who are anxious that everything should be done to save a life so valuable and dear to them, are often perplexed and troubled by the great variety of remedies urged upon them, and the plausible reasons, and the asserted cures, upon which these recommendations are based. And not a little firmness is required to resist the importunity of these meddlers, especially as it is often prompted by undoubted kindness. But the welfare of the patient demands it, and no fear of giving offence should hinder from pursuing the proper course. The adequate remedy in such circumstances is to thank such meddlers for their kindness, and tell them that the measures which they recommend shall be mentioned to the physician, and, if he thinks proper, they shall be used.

Some are disposed to restrict physicians in regard to the medicines which they shall give. While the practitioner should avoid a useless war with the notions and caprices of his employers, and should sometimes even yield to them in unessential matters, it is ordinarily not only compromising his own dignity and independence, but is doing an absolute injury to the patient, to make any concessions on this point. The omission of some remedy or measure, in obedience to prejudice, may prove very injurious, and even in some cases fatal. As a general rule, therefore, the physician should claim his right to pursue his own course, independent

and untrammeled. He, and he alone, is responsible for the proper management of the case before him, and his rights are certainly commensurate with his responsibility, and should not be interfered with. But those who make medicine a trade, and who care more for popularity and patronage than they do for the interests of science, or the welfare of the sick, often submit, as a matter of policy, to this interference with their rights. They will do anything to satisfy their employers. They will, for example, pursue the homœopathic mode of practice, if it be desired, and stoop to the farce of infinitesimal globules. They must despise themselves for so doing, and deserve to be despised by others.

The frequency of a physician's visits* should for the most part be left to his own judgment; for if he is not to be trusted in relation to this matter, he had better be dismissed, and another employed in his place. The conscientious physician is often much embarrassed by the complaints of his patients on this point. Some complain that his visits are too frequent, and others that they are not enough so. The attendance of the physician is sometimes discontinued too soon for the welfare of the patient, from motives of delicacy, where this fault-finding is practised. And, on the other hand, the extreme frequency of visits, which is some-

* Though the plan of charging so much a visit, so universally adopted by the profession, is on the whole the best general plan of regulating the prices of the physician's services, it is liable to some abuses. Some variations from it must of course be allowed; and in making these a door is opened for manœuvering on the part of dishonorable practitioners. It is a very common 'trick of the trade' to make more visits than are necessary, perhaps quite short ones, and then charge less per visit than is usually charged by medical men in the same neighborhood. In this way the credit of being both a very cheap and a very attentive physician is most unjustly obtained.

times required of the practitioner, especially by the wealthy, is in many cases injurious. For example, it may impair the mental influence, which it is important that the physician should maintain over his patient, or it may impose upon him almost a necessity to use too much medication, or to make too frequent changes in his course of practice in the case.

I trust that it is now clear to the reader, that all interferences with the practice of the physician are inconsistent with the best management of the sick. They repress that freedom of thought and action, which is an essential element of success in the treatment of disease, as well as in everything else. Even when no interference is intended, the anxiety of friends is sometimes the cause of so much embarrassment to the physician, as to be detrimental to the welfare of the patient. And there is no doubt, that, in spite of all the care that is lavished by numerous friends upon the sick in the higher walks of life, they are often, from the cause above alluded to, treated with less skill and judgment than the miserably attended sick in the cheerless habitations of the poor. This may appear at first though rather paradoxical to the reader; but let us examine this point, and you will easily see the reasonableness of the assertion.

I will suppose a case. A lady is sick under the care of her physician. Her husband and friends are exceedingly anxious in regard to the result of the case. They have many inquiries to make of the physician about her symptoms, his fears and hopes, the operation of medicines, &c. They ask him, perhaps, if he is not afraid that such a remedy will produce such an effect, and such an one such an effect; and they may even go so far as to attribute some unfavorable symptom to some medicine that has been administered. There are few physicians who are so indepen-

dent, that they will not feel themselves embarrassed under such circumstances. The responsibility of an important case in itself occasions sufficient embarrassment, without adding to it by such a course. Napoleon, that shrewd observer of men, saw this in the case of his wife, and governed himself accordingly. He saw that there was danger, and that the physician was in a measure paralyzed by his sense of his responsibility. Instead of talking with him about the difficulties of the case, and expressing his apprehensions, he immediately said to him, "she is but a woman: forget that she is an empress, and treat her as you would the wife of a citizen of the Rue St. Denis." This restored confidence to the physician; and his treatment of his royal patient was successful, when perhaps a timid course would have been fatal to her.

Let me not be understood, that I would have the friends of a patient make no inquiries at all of the physician in relation to the case. His intercourse with them should be candid and free, and the intelligent and honorable physician wishes it to be so. All that I claim is, that the practitioner should not be *harrassed* with inquiries, and especially with such scrutiny, and such expressions of doubt as to the effect of remedies, as shall indicate their lack of confidence in the treatment, and therefore tend to destroy his own confidence in it. The physician knows, and for the most part should be left to judge, how much ought to be communicated to the friends of a patient in relation to his case.

Neither let me be understood to mean, that physicians are afraid to have their practice watched and scanned. Every honorable and intelligent practitioner is willing that his treatment of any case be scanned most thoroughly, but he would prefer that it should be done by *skilful* eyes.

The friends of the patient should always remember, that they have not sufficient knowledge of the human system, and of the effects of agents upon it, to appreciate properly the workings of disease, and the operation of remedies; and they should therefore be careful not to put themselves in the attitude of *clinical* critics—a station for which none but a physician is really fitted. The physician himself is in constant danger of making wrong inferences, on account of the complicated character of the system, and the various circumstances which therefore modify the operation of agents brought to bear upon it—even he, prepared as he is by study and well-weighed experience to observe accurately, is obliged to sift well the evidence in regard to the effects of remedies, in order to avoid mistake in his conclusions. How much more then should *they* be cautious in the inferences which they draw, who have never studied the human frame, and who have had but little experience of the treatment of disease. And yet many make no scruple in forming the most decided opinions of the practice of physicians, in every case of which they have any knowledge, however limited, and in proclaiming those opinions with all the authority of an oracle. The practitioner is sometimes so much harrassed by these meddlers that he is in danger of mixing up with the measures of his practice expedients to satisfy or foil their officiousness—a compound which brings no benefit to the patient. The attention and the skill of the physician should be *concentrated* upon one object —the proper treatment of the case before him. And the expenditure of his ingenuity, in using feints and practising concealments, to avoid a collision with the whims and prejudices of by-standers, impairs this concentration to the injury of the patient, and that sometimes a *fatal* injury

The influence of scrutiny in impairing the skilfulness of

action is seen on other subjects, as well as in the practice of medicine. The eloquent clergyman, who would ordinarily carry his audience along with him, while he is aiming with clear mind and zealous heart to attain the *one* great object of his preaching, the impression of the truth upon the conscience would fail to produce the same effect upon an audience of *critics*. For, to say nothing of the embarrassment which the very idea of criticism occasions, his attention would be distracted by supposed criticisms, which would suggest themselves to his mind while he is speaking; and that concentration of mental and moral energies upon one object, which is essential to true eloquence, would be wanting. To be eloquent before such an audience, he must either disarm their criticism, or he must forget that they are critics, and look upon them only as men whose minds are to be impressed and whose feelings are to be moved by the truth.

Take another illustration of quite a different character. A noted juggler perceived, at the commencement of his performance, that he was very narrowly watched by a gentleman whom he knew at once to be a very acute observer. He was embarrassed, as I have seen a practicer of the jugglerics of animal magnetism embarrassed by a similar cause, and he felt that he could not practice his deceptions with so free and easy a hand, as he could if he were not watched by so an intelligent an eye. The consciousness of being thus watched distracted his mind, and prevented him from concentrating its energies upon one object. The juggler immediately gave this gentleman a piece of money, telling him that he must look out or he would get it away from him in the course of the evening. At the conclusion of the exhibition the gentleman said to the juggler, 'well, sir, here is your money—you see that I have kept it safely.' 'Yes,'

replied he, 'and I meant that you should, for I chose that you should have something else to watch besides me.'

The case of the physician, whose practice is scrutinized by by-standers, is worse even than that of the criticized clergyman, or the watched juggler. For the criticism to which he is subjected is not skilful, and is therefore not capable of appreciating the merit of the measures which he employs. In the case of the clergyman, the analogy would be more correct if his audience were illiterate, and his subject were one of an abstruse and metaphysical character. Their criticism would then bear a strong resemblance to that to which the practice of the physician is often made to submit. If the physician investigate the case before him, thoroughly and scientifically, the reasonings upon which his treatment is based are often as much beyond the knowledge of those who have not been instructed in the science of medicine, as a strictly metaphysical argument is beyond the knowledge, and therefore the criticism, of a plain unlearned audience.

A similar defect can be pointed out in the analogy of the case of the juggler. However much he felt embarrassed by the keen eye which he was conscious was watching him, he knew that if the way in which his feats were performed was discovered, his skill would nevertheless be appreciated and admired. The physician, as you have seen, has no consolation of this kind. He knows that those who watch him have generally so little knowledge of disease, and of its treatment, that they cannot estimate with any correctness the skill with which he meets the various phases presented by disease, with its numerous and changing complications; and yet they are quite confident that they are exactly right in their judgment on such points. He is

watched by ignorance, and ignorance, too, believing itself to be wise.

And farther, as the clergyman, if he be one, who, instead of possessing true eloquence, is skilled in the mere tricks of oratory, would prefer an ignorant and indiscriminating audience, and fears one of an opposite character; and as a bungling juggler had rather be watched by unskilful than skilful eyes; so the ignorant and dishonorable physician is more at home, when the eyes of the multitude are fixed upon him, than when he is under the scrutiny of his medical brethren. And as many, who are incapable of being real orators, study most faithfully the tricks of oratory, and so far succeed as to deceive the superficial and the ignorant, so there is many a physician, who, instead of bestowing all his energies upon the management of disease, wastes them in learning the tricks of the charlatan, which will enable him, like the mock-orator, to made a show of skill and acquire the reputation of possessing it with the multitude. This he can do with more certainty than the pretender in oratory, because he deals with subjects on which most men are profoundly ignorant, and yet think themselves to be very wise. It is for this reason, that the quackish physician, in common with the open quack, addresses all his appeals to the multitude, and brings all his arts to bear upon the one point of making such false displays as will impress upon their minds the idea that he has uncommon knowledge and skill. He therefore loves their credulous gaze, while he hates the intelligent scrutiny of his brethren. There is no one thing, in which the difference between the empirical and dishonorable physician and the high-minded and truly skilful practitioner is more strongly marked than in this.

The practice, then, of interfering with physicians in the

performance of their duties, which is so common in every community, impairs their usefulness, not only directly, by embarrassing them in their treatment of the sick, but also indirectly, by encouraging the intrigues and manœuvres of the dishonorable in our profession. We have no hope of persuading busy-bodies to abandon a practice of which they are so fond; but we have a right to expect, that the wise and good, who are so often betrayed into it by zeal for some favorite physician, or remedy, or by a generous kindness, or an urgent anxiety for the patient, will, upon seeing their error, renounce it, and pursue in future such a course as will secure to the sick the best efforts of the physician in their behalf.

CHAPTER XIV.

THE MUTUAL INFLUENCE OF MIND AND BODY IN DISEASE.*

MANY seem to think that when the body is sick, it is simply a sickness of the body alone, and the mind has nothing to do with it. They do indeed allow that when actual mental derangement occurs in connection with any disease the mind is affected with the body; but they are prone to lose sight of the fact in all ordinary cases of disease, and yet it exists in these as really, though not to the same degree. The influence of disease upon the mind is obvious to the most careless and superficial observer, when he sees the delirium produced by inflammation of the brain; but such cases seem to him to stand out as glaring exceptions to what he considers the great general fact—that the mind is independent of the ailments of the body. Physicians themselves too often overlook the influence of mind in their treatment of disease, and the community generally have very inadequate views of its extent and universality. There can not be any sickness of the body, however slight, that does not produce some effect upon the mind, and which is not influenced either for good or for ill through mental impressions.

* This chapter, and the chapter on *Truth in our Intercourse with the Sick*, appeared some years since in the New Englander.

It is important in the management of the sick, not only that this fact should be kept clearly and steadily in view by the physician ; but that it should be understood by the community, so that the efforts of the physician may not be thwarted, as they often are, by the attendants and friends of the sick, when he aims to act upon bodily disease by impressions made on the mind. And I refer not in this remark merely to impressions of this kind where the attempt to produce them is so palpable that the most careless observer would perceive it, but to all those influences which the physician is exerting upon the minds of the sick, in his daily intercourse with them. In truth, everything that he says and does in the sick room, is to be regarded as really a medicine, and producing as real if not as manifest effects upon the state of the patient, as any of the drugs that he administers.

It will be profitable, then, to the general reader, as well as to the medical man, to examine the influences which the mind and the body exert upon each other in sickness, the use which can be made of such influences in the cure of disease, and the abuse to which they are liable from the mismanagement of those who have the care of the sick.

Before doing this, however, it may be both interesting and profitable to look at the connection which exists between the body and the mind. There are various figures used to illustrate this connection. The most common one is that in which the mind is spoken of as dwelling in the body as a habitation. In a certain sense this is true. This tabernacle of flesh, as the Bible aptly terms it, is, in its present state a habitation, which the mind is to leave in a short time, to return to it, however, at length, rebuilt and refitted in a more glorious, an incorruptible form, to dwell in it then forever. But this illustration of the mysterious connection

of the mind with the body is but a *partial* one—it does not express the extent nor the intimacy of that connection. The mind is not a mere dweller put into this habitation. Its union with it is not thus loose and easily severed. It is bound to its every nerve and fibre, so that the least touch of the body at any point affects the mind. Instead of being put into the body, it has, being thus interlaced, as we may say, fibre with fibre, grown with its growth, and strengthened with its strength. In the feebleness of infancy the mind is just as feeble as the body, and they both grow together up to the vigor and firmness of manhood, and both decline together in old age. So close is their union through all the stages of life, and so equally is each affected by the joys and sufferings of the other, that we might justly conclude that at death, when the tabernacle crumbles into dust, the mind falls with it never to rise again, had not a divine revelation told us that, indissoluble as this connection appears during life, almighty power will dissever it and release the soul from the thousand ties that bind it to its habitation at the very moment of its destruction. Were it not for this assurance of our immortality, we could look forward in the uncertain future to nothing but blank, drear annihilation, as awaiting our minds, just as it does the minds of the brutes that perish.

In our carefulness to avoid materialism, we are too apt to look upon the mind and the body as two separate and independent things. At death they do indeed become so, but who of us knows that they would, were it not for the fiat of the Almighty? Who knows that there is not a necessity for the putting forth of his power in each individual case at the time of death, to prevent the mind of man from dying with his body, just as the mind of the brute does with his? The very prevalent notion that the mind

is *essentially* indestructible, and that it is put into the body as a separate thing, having the power *of itself* to leave the body whenever it dies, rests on no substantial proof. That it is *destined* thus to leave the body is quite another thing.

Materialists, of whom we are pained to say there are many among believers in phrenology, though they flatly deny it,* seem to think that the brain produces thought pretty much as the liver makes bile or the stomach gastric juice. This doctrine would be *gratuitous*, a mere supposition, even if there were no Christian revelation to contradict it. But while we discard all such anti-Christian and absurd fantasies, we must not run to the other extreme, as some good men have done. It must be admitted, that in this life all the *manifestations* of mind are not only connected with, but are *dependent* upon, a material organization. The nature of this connection and dependence is of course a mystery, but of its existence there is no doubt. So far as injury is done to the brain and nervous system, just so far are the manifestations or actions of the mind impaired. And, on the other hand, moral causes, acting *directly* upon the mind, affect through it the organization. And when insanity results from moral causes thus acting, it is not a direct effect, but an *indirect* one—the organization affected by the mind is thrown into a diseased state, and reacts upon

* It is often difficult to determine definitely what are the real sentiments of phrenologists on this subject. But that some of them, if not actually and fully materialists, are very near it, there is no sort of doubt, if language is to be understood as used by them in the same way that it ordinarily is. They not only strip man of all the elements of moral character, and consider him, as one of them expresses it, as 'a bundle of instincts,' thus making him but a brute of a higher order; but the material organization is exalted in their view above all those spiritual qnalities or powers, which they seem to consider either as attached to it, or resulting from it, or at least as being in no sense independent of it. If this be not materialism, it comes very near to it.

the mind, influencing its manifestations. If the mind thus acted upon were a spirit, separated from the body, the result would be merely the feelings, which the motives applied would *naturally* produce, and not the unnatural feelings of insanity. It is not strictly proper then to speak of a 'mind diseased.'

Let me not be understood to mean that mental derangement in every case is to be attributed to disease that leaves such palpable traces that the dissecting knife would reveal it if death were to take place. There are diseased operations in the body, that are hidden from our view—so hidden, that they not only leave no traces, but often develop no characteristic bodily symptoms.

Although the principles above stated are often overlooked, and sometimes doubted, or even denied, there are some cases in which they stand out so plainly, that everybody acknowledges for the time their truth. For example, if a man, by a blow on his head, has a piece of his skull pressed inward upon his brain, he becomes senseless, and, if he arouse at all from his stupor, his mind is obviously in an unnatural state. The surgeon raises the depressed bone, and thus taking off the pressure from the brain, restores the mind of the man to activity and sanity. In this case it is plain to every one, that the mental manifestations were suspended by a cause acting directly upon the material organization, and that they were revived again by the removal of this cause.

Take another example. A man of strong and clear mind becomes deranged, and at length arrives at perfect idiocy. He goes down to the grave in this condition. No one supposes that in such a case the mind is affected independently of the body, but the mental state is of course attributed to bodily disease; and affection fondly, and we

may say rationally, cherishes the expectation, that when the mind shall be freed from this tabernacle of flesh, it will emerge from its long night of darkness, and possess again its faculties in full, just as the man who lies senseless from pressure upon the brain, is restored to mental activity when that pressure is taken off by the trephine and elevator of the surgeon.

Now what is true of the cases that we have cited is true in every case—all mental aberration, however slight it may be, results from the connection of the mind with the body, and would not occur without this connection. It is the product of some impression made upon the material organization, either directly, or indirectly through the mind. This impression may be momentary and evanescent, or it may produce a real change of structure. It would be interesting to enlarge upon these points, but it is not necessary for our purpose.

We speak of the brain as the seat of the mind, or soul. If we mean by this simply, that this is the great central organ of that system in the body (the nervous system) through which the mind acts upon external things, and is acted upon by them, it is correct so to speak. But if we mean to localize the mind, as sitting there, and especially if we fix upon some one part of the brain, as Descartes did upon the pineal gland (a body smaller than a pea) as the seat, the throne of the mind, the illustration is an erroneous one. The mind acts upon the whole body, through all the parts of the nervous system, and each portion of that system has its own peculiar offices to perform in obedience to the mind. This is as true of the brain as it is of the rest of the nervous system. This organ is a complex one, and the different parts have their different offices. This we know in regard to some of these parts, and we can justly presume

it in regard to others. And we do this without adopting the fanciful ideas of phrenologists in locating the different faculties of the mind.

While the brain is the great central organ of the nervous system, by which the mind imparts and receives impressions, there are other parts of that same system which seem to bear some other relation to the mind than that by which they transmit these impressions to and from the mind through the brain, as the nerves ordinarily do. They seem to have a connection with the mind independent of the direct agency of the brain, and for aught we know they have such a connection. When the mind is affected by any passion, either of the cheerful or the depressing kind, its sensible effects upon the body are not observable chiefly in the brain, but in the region of the heart and the other organs adjacent to it. The thrill of joy is felt there, and grief produces there its sensation of oppression, prompting the occasional sigh to relieve it.

Such facts as these led an eminent French physiologist, Bichat, to adopt the theory, that while the intellectual functions have their seat in the brain, the moral sentiments have theirs in the ganglionic system of nerves, (as it is called,) which has certain great nervous centres in the region of the heart, stomach, &c.

I will not stop to expose the fallacy of this plausible theory. It is sufficient for my purpose simply to advert to the fact, that the moral sentiments of the mind or soul are manifested more in that part of the body than in the brain. The very language of the affections, and the gestures which accompany the utterance of that language, or supply its place when feeling is too big for utterance, are in consonance with this fact. We speak of the heart, and we place the hand upon the heart when the moral sentiments

are in lively action. And when feeling is so great as to be overpowering, or when the attempt is made to suppress it, there is with the load which is felt at the heart, a sensation of choking, (no word expresses it so well as this homely one,) preventing utterance; and then when it finds vent, it seems as if there was a gushing forth from the heart, not merely figuratively, but from the material heart that is throbbing in our bosoms.

The fact which I have been illustrating shows the force of such expressions in the Bible as 'bowels of compassion,' 'bowels did yearn,' &c. It throws some light also on the influence of grief upon the stomach, and on the depression of spirits which so sorely afflicts the dyspeptic.

It gives but a faint idea, then, of the all-pervading connection of the mind with the body, to suppose the mind to be locked up in some chamber of the brain, there receiving by the nerves messages from every quarter, and sending forth messages in return by the same media. There is no evidence of the existence of one great central point of attachment for the mind, but the ties of its connection with the body are multiplied and diffused. It is not merely, therefore, positive disease existing in the brain that affects the mind. Disorder of mind is infinitely modified by the different seats and modes of disease in different portions of the nervous system, as well as in different parts of the brain itself. I speak not now of palpable insanity alone, but of all the various states of mind occurring in sickness.

One of the most common and prominent characteristics of the state of mind in sickness, is weakness. The weakness of body caused by disease is generally accompanied by a corresponding debility of mind. When Cassius speaks of Cæsar, as asking, 'give me some drink, Titinius, as a sick girl,' you see something more than weakness of muscle—

the giant *mind* of the mighty Cæsar is prostrated to effeminacy.

And as weakness of muscle is attended with unsteady, irregular, and sometimes even spasmodic action of its fibres, so it is with weakness of mind. Its efforts are fitful, and it is easily thrown off from its balance. A feeble man tottering along, occasionally resting upon his staff, or taking hold of a post or a fence, is thrown down by the gentlest touch, or by stumbling over even a slight obstacle, that he chances not to see so as to avoid or guard against it. And in the tedious journey of sickness, mind and body totter along in their feebleness together, and either is exceedingly liable to fall. And if the one fall, the other is pulled down with it. The guide, therefore, of these two travellers in this journey, must see to it, that all obstacles in the way of either be removed or avoided, that no rude hand be permitted to touch them, and that all those supports be supplied on the way which either can best use.

The mental weakness which disease occasions, is often exhibited to the physician under affecting circumstances. Minds that have been able to grasp the most difficult and abstruse subjects return, in the debility of sickness, to the simplest ideas—those which are both common and precious to the child, the man, the angel, and to God himself. The 'strong meat' is turned from, for the 'milk of babes.' I remember one of lofty intellect, fading away with consumption, who well exemplified this remark. Her aged father was reading to her a chapter in one of the epistles of Paul. 'It is good,' said she, 'but I cannot understand it now. It bewilders me. Something more simple—something from the Apostle John is better for my poor feeble mind.'

The mind, weakened by disease, is easily disturbed and agitated, except in those cases in which disease blunts the

sensibilities. Derangement of mind is often the product of mere weakness, under increase of excitement, without any fresh accession of local disease. A familiar illustration of this you may see in fever. Very often there is mental derangement only during the paroxysm of fever, the mind being quite clear in the remissions. Especially is this the case with children, whose sensibilities and sympathies are in so much more lively a state than those of the adult.

Slight causes, therefore, which would produce little or no effect upon the mind of one in firm health, may affect strongly the mind of a sick man. A single example will suffice. The patient was sick with typhus fever. He had been very much deranged, and great care had been taken to guard against any excitement, which might act injuriously upon him. He was now getting better, and his mind had become calm and clear, though still, like his body, it was very weak. A friend came in one morning as usual to inquire about him. He knew that all visitors had been prohibited from going into the sick room, but he wished very much to see his friend, and, as he had an opportunity, he looked in through the door, as it chanced to be a little open. The dull eye of the sick man saw him dimly, and he at once became as much affected as if he had seen a dreadful vision. His distempered fancy conjured up ideas of a painful character, which remained upon his mind for a week, and endangered as well as delayed his convalescence,

This incident leads to me remark that physicians find great difficulty in securing a due degree of quietness in the sick room. I use the word quietness in its widest sense. I do not mean the avoidance of noise merely, but of all improper excitement. Visiting is generally a nuisance in the chamber of sickness. Multitudes of lives are continually sacrificed to curiosity and mistaken kindness. The

tattling circles that gather round the fire-side of the sick room, and retail their mixtures of medical lore, and slander, and hair-breadth escapes, and wonderful cures, often inflict torture upon the shattered nerves of the poor patient, and that torture sometimes, I have not a doubt, ends in death, when a recovery might otherwise have taken place.

No one should enter the sick room from curiosity or from a mere vague desire to do good. Nothing but the actual prospect of doing good should prompt him to go there. Indeed, everything which interferes with the proper quiet of the sick should be most scrupulously avoided. It should always be remembered, that in many cases of disease, mental excitement may do as much harm as the excitement produced by stimulating medicines. And it is as much the business of the physician to direct in the management of this matter, as in the administration of remedies; for it has as real, if not as great a bearing on the recovery of the patient. Indeed, sometimes it is vastly more important than all the medicine that is given in the case. I call to mind a case which illustrates this last remark so strikingly, that I will state it as briefly as possible. A patient was taken sick, with some important business pressing upon his attention at the time of the attack. He was persuaded to dismiss it entirely from his thoughts for the time. He was soon relieved by the remedies that were used, and he was in a fair way for a recovery. He was, however, in such a state, that it was very important that he should be kept from all excitement, and as I saw that he was disposed to do the business now with some friend, whom he wished to have called in for the purpose, I told him and his family in plain terms the risk which he would run if he should pursue this course. He however disregarded my injunctions, and the consequence was that in the evening of the same

day he was very sick, and in a few days died from disease in the brain, which was clearly induced by the mental excitement. If he had followed my directions as scrupulously in regard to this point as he did in regard to the medicines which were given, recovery instead of death would probably have been the result.

Some in their anxiety to secure the quiet of the sick, go to an extreme, and give almost the silence of the grave to every sick room. They institute a sort of prison discipline, and shut out both the light of heaven and all cheerfulness of intercourse. The very means which they take to produce quietness, the stealthy step and the whisper, are apt to disturb the patient more than noise or excitement would do. Discretion should be exercised by the physician, and the friends of the patient should rely on him to direct this part of the management of the case, as well as that which is strictly medical. He must judge as to the degree and kind of excitement appropriate to the case, and direct in its application, for the same reason that he should, in a case of disease of the eye, direct as to the amount of light which should be admitted to it.

It is often very difficult to carry out these principles, especially in families that have but a small number of apartments. The fear of giving offense, too, very often opens the door wide for visitors, against the most positive injunctions of the physician. To obviate this difficulty, I have in some few cases put upon the door a card, forbidding this kind of intrusion—an expedient which I have found to be very successful. One case was that of a clergyman's family. So many were sick, that the house was a perfect hospital. A large portion of the parish poured in of course, to offer their sympathy and their services. Most of these persons did more harm than good. I attempted to remedy the evil by

directions to the nurses, and by conversation with individuals, but in vain. At length I put up a card on the door of the house, to this effect: 'Visitors are requested to go directly into the parlor. No one is to enter the sick rooms but those who have the care of the sick. No talking in the entry.' This effected the desired change at once. I introduce this case simply to show the difficulties which exist on this point, especially in country towns, and the very plain remedy which can be applied. There is no reason why a universal rule should not be adopted in every case in which it is deemed necessary by the physician.

The attendants on the sick often make a great mistake in supposing the patient to be so fast asleep, or so stupid, as to receive no impressions from their conversation. Often, from this cause, he is obliged to hear what may do him great harm. Amid the confused thoughts of his dreary bewildered state of mind, the idea of his own death is conjured up by some remark, to trouble and affright him. Instead of getting the rest which his wearied body and mind so much need, his nerves are disturbed by the hum of conversation, and his mind is harrassed by a succession of dread thoughts and visions, suggested by remarks, of which it is supposed that he takes no cognizance.

Some, who are very cautious on these points in regard to adults, never think of their application to children. Often, for example, does the physician find, on entering the sick room, those whom kindness and curiosity have assembled there, talking loudly, while the mother is trying in vain to soothe the troubled child by rocking the cradle as if for a wager. Much, too, is often said in presence of sick children that ought not to be, on the false supposition that they do not understand what is said. Many a child is frightened by horrid stories, and by gloomy comments upon his own

case. Visitors stand over him, and besides fretting him by their staring, they say something, perhaps, of this sort. 'Poor thing! how sick he looks! I don't believe he can get well.' And then they go on to tell about some little child, perhaps his playmate, that had died recently, and whom, perhaps, he saw laid in his grave, and utter in his hearing, with all due solemnity and sorrowfulness, the opinion that he is affected much like him, and will probably die in the same way; adding, by way of consolation to the poor mother, that then they will be in heaven together. Children have sensibilities and hopes and fears, like adults, and they understand, even at a very tender age, enough about death to be affected, and often very strongly, by this holding up of its grim visage directly before them. The mind, and the nervous system, by which the mind is connected with the body, are as excitable in the child as in the adult, and the avoidance of unnecessary alarm and excitement is as important in the sickness of the one as in that of the other.

I cannot forbear here to notice one thing, which often exerts a bad influence upon the mind of the child in sickness. It is the habit which many people have of threatening their children, when in health, with sending for the doctor to bleed them, or to give them some bitter medicine, as a punishment for their misdeeds. The inevitable tendency of this is to increase the mental depression and agitation which disease produces, by the gloomy associations which are thus necessarily attached to sickness in the mind of the child. The physician should never be held up as a bugbear to children, but should uniformly be spoken of in their presence in such terms, that when he visits them in sickness they may rejoice to see him, both as a friend and as one who is to bring them relief. There is no doubt that many a child is seized with an ill-defined terror, when the physi-

cian is called in, and thinks of him only as some dreadful monster that cuts off children's ears, and gashes their flesh almost for sport. The effect of such a feeling on the weakened and agitated nerves is always injurious and undoubtedly is sometimes fatally so. One may get some adequate idea of the feelings of children under such circumstances, by imagining himself, in a state of weakness and disease, to be visited by an incarnate demon, who has both the power and the disposition to torment him.

I am anxious to impress most faithfully the mind of the reader with the importance of giving rest to the mind in sickness. I have already remarked on the extent and the intimacy of the union between the mind and the body. It is never to be forgotten in the chamber of sickness, that the mind not only is not by itself, alone and independent, but that it is not connected with sound nerves, but acts upon a deranged body, and is acted upon by it, through the multitude of nervous filaments, which, scattered everywhere, are receiving impressions at every point, and transmitting them to the mind. If, therefore, the mind, thus disturbed by disease, be at the same time troubled by causes applied directly to it, the result must be a reaction from the mind through the nerves upon the disease itself. The mental and the bodily irritations must increase each other. It is then just as important to withhold all irritating causes from the mind, as from the diseased organ. For example, if the brain be inflamed, that inflammation may be aggravated as certainly by exciting the mind, as it would be by the administration of any stimulant to the body. In either case the same result occurs—the brain is stimulated—the only difference is in the channel through which it comes. And it is the duty of the physician to shut out the irritation from one channel, as much as from the other. When the eye is

inflamed, one part of the curative means is to exclude the light, because the light, by exciting the nerve of sight, would increase the inflammation. But the action of the mind is as really connected with the brain and nervous system, as the act of vision is with the eye; and therefore it must be guarded against, in inflammation of the brain, as vision is in inflammation of the eye. The same may be said, to some extent, at least, of every other part as well as the brain, for every organ is supplied with nerves connecting it with the mind.

As an illustration of these remarks, I will introduce a case, showing the influence of the irritation of passion upon a diseased body. I refer to the death of John Hunter, who has been often called the greatest anatomist and physiologist of his age. "On October 16, 1793," says his biographer, "when in his usual state of health, he went to St. George's hospital, and, unexpectedly meeting with some things that ruffled his temper, he allowed himself to give way to passion; the heart became overloaded with blood, the ossified aorta, not yielding to the effort of the heart, the countenance became dark, angina pectoris immediately ensued, and turning round to Dr. Robertson, one of the physicians of the hospital, he was incapable of utterance, and died."

This, it is true, is an extraordinary case; but the result of mental irritation in common cases of disease, though not as great and as palpable as in this case, is nevertheless as real. While it caused in the case of John Hunter a sudden and final suspension of the heart's action, it would, in a man suffering from some inflammation, aggravate that disease, by driving the blood too forcibly into the inflamed part, and by making its irritable nerves partake of the general excitement of the system. The effect might not be at

any moment very powerful, but if the irritation be repeated or continued, although it may be vastly less in amount than it was in the case of Hunter, the accumulative effect of the excitement upon the disease would at length become very great, perhaps destructive. And in certain low states of disease, when, in the midst of great weakness, the nervous system is in an extremely agitated condition—a condition, in which little causes may produce powerful effects —a comparatively slight irritation induced in the mind, connected as it is with every trembling filament of that nervous system, may overwhelm the very powers of life as certainly, if not as suddenly, as did the strong passion of Hunter, in overloading his diseased heart, and thus stopping its action.

But withholding irritation, and securing rest and quiet, do not comprise all the physician's duty in relation to the mind, any more than they do in relation to the body of the patient. He is sometimes to excite the mind to positive action, for the same reasons that exciting medicines are sometimes administered to the body; and he may thus often exert, through the mind, a very happy influence upon disease. This remedy, as I have already hinted, is to be applied with discretion, according to the nature of each case, and so as not to interfere with that rest, which I have shown to be so necessary to the mind in the treatment of disease. The excitement must, with some few exceptions, be agreeable in character, in order that it may produce a genial influence upon the nervous system. The mode, the time and the degree of its application require the exercise of discrimination, as much as the dose, and form, and time of any stimulant or other medicine that is given to the patient. The judgment and tact of the physician are never more needed than upon such points as these.

Tissot, a French physician, relates an amusing case, showing the utility of discrimination in regard to the kind of mental stimulation to be applied. A lady was affected with a lethargy, and many applications were used to rouse her, but to no purpose. At length a person, who knew that the love of money was the ruling passion of her soul, put some French crowns into her hand. After a few minutes she opened her eyes, and was soon entirely aroused from her stupor.

The influence of the imagination upon the body is familiar to every one. I will mention a few cases to show its power.

Beddoes, an English physician of great enthusiasm, had imbibed, among other new ideas, the notion that palsy could be cured by inhaling nitrous oxide gas. He requested that eminent chemist, Sir Humphrey Davy, to administer the gas to one of his patients, and sent him to him for that purpose. Sir Humphrey put the bulb of a thermometer under the tongue of the paralytic, to ascertain the temperature of the body, so that he might see whether it would be at all affected by the inhalation of the gas. The sick man, filled with faith from the assurances of the ardent Dr. Beddoes, and supposing that the thermometer was the remedy, declared at once that he felt better. Davy, desirous of seeing how much imagination would do in such a case, then told him that enough had been done for that time, and directed him to come the next day. The application of the thermometer was made from day to day in the same way, and in a fortnight the man was cured.

When Perkins' tractors were in vogue, Dr. Haygarth of Bath, as I have stated in another chapter, had a pair of wooden ones made of precisely the same shape with the orthodox metallic ones, and contrived to color them so that

the deception should not be discovered. He then applied them to quite a number of patients, with the same results that followed the use of the genuine tractors, which cost five guineas a pair. Pain was relieved as if by magic, and the lame were made to walk. Their operation in these cases is of course to be accounted for in the same way with the operation of the thermometer in the case just related.

Some medical students determined to try the influence of imagination upon a countryman who was going into town to market. They met him one after the other, each telling him how pale and sick he looked. At first, as he felt perfectly well, he paid no regard to it, but after two or three had thus accosted him, he began to think there must be something the matter with him. By the influence of imagination he soon began to feel badly, and to look really pale. And as he still continued to meet persons, who declared themselves struck with his peculiarly sickly and ghastly appearance, he grew worse, and the result was that he sickened and died.

I could cite numerous cases illustrative of the influence of the imagination upon the condition of the body, but these will suffice.

The physician has constant opportunities for making use of the influence of mental *association* to much advantage in the management of the sick. He does this almost insensibly in his daily intercourse with his patients, exciting trains of agreeable associations in their minds, varied to suit the mental and moral character of each, thus aiding materially the operation of his remedies.

Dr. Rush gives a striking instance of the influence of association, which I will relate in his own words: "During the time," says he, "that I passed in a country school in Cecil county, in Maryland, I often went on a holiday with

my schoolmates to see an eagle's nest, upon the summit of a dead tree in the neighborhood of the school, during the time of the incubation of that bird. The daughter of the farmer in whose field this tree stood, and with whom I became acquainted, married and settled in this city about forty years ago. In our occasional interviews, we now and then spoke of the innocent haunts and rural pleasures of our youth, and, among other things, of the eagle's nest in her father's field. A few years ago I was called to visit this woman, in consultation with a young physician, in the lowest stage of a typhus fever. Upon entering the room I caught her eye, and with a cheerful tone of voice said only, *the eagle's nest.* She seized my hand without being able to speak, and discovered strong emotions of pleasure in her countenance, probably from a sudden association of all her early domestic connections and enjoyments with the words I had uttered. From that time she began to recover. She is now living, and seldom fails, when we meet, to salute me with the echo of *the eagle's nest.*"

It is important in the treatment of disease, to remove all causes which awaken disagreeable associations in the minds of the sick, for they often retard, and sometimes prevent the recovery of the patient. It is as clearly the duty of the physician to detect the causes of such associations, and to remove them if possible, as it is to detect and remove the material causes of any irritation or inflammation.

Dr. Rush mentions a case that came under his observation, in which the influence of disagreeable associations hindered the recovery of the patient. "A gentleman in this city," he says, "contracted a violent and dangerous fever by gunning. After being cured of it, he did not get well. His gun stood in the corner of his room, and being constantly in sight, kept up in his mind the distressing

remembrance of his sickness and danger. Upon removing it out of his room he soon recovered."

Some are much more readily affected by mental associations than others. A gentleman in a stage coach was observed to keep his cloak lying by his side, while he was shivering with the cold. He was asked by one of his fellow travellers why he did not put it on. He replied, 'I have just returned from a voyage, in which I was very sea-sick, and while so I lay with that cloak wrapped around me. Foolish as it may seem, I cannot put it on without renewing the nausea.'

The various degrees and modes in which mental associations appear in the sick room, require of course the exercise of discretion and tact, in managing them to good purpose. There is often much injury done by failure in this respect. If, for example, the patient have great irritability of stomach, and if some medicine which has been doing him good, at length become exceedingly offensive to him, the continuance of that medicine might do him essential harm, by the mere influence of mental association; though, aside from this, it may be still an exceedingly appropriate remedy for his disease. Under such circumstances a change must be made, or the patient will be injured, it may be fatally. It will not do to call the patient whimsical, and to go right on with the course. The mental association connected with the medicine is practically one of the *ingredients* in it, and as such has so modified its nature as to render it inappropriate to the case.

The physician can often do much in curing disease by *diverting* the mind of his patient. Disease is frequently broken up by producing a new action in the system. This is a principle in medical practice which is familiar to others, as well as to the physician. And this change may some-

times be brought about in the system, by a corresponding change effected in the mind, especially in those cases where the state of the mind is particularly influenced by the disease. The husband of a poor woman, who in a feeble state of health had fallen into a settled melancholy, broke his thigh. The whole current of her thoughts and feelings was now diverted into another channel, from her own sorrows to the care of him and the relief of his pains, and she recovered her sanity, and with it, for the most part, her health, long before the fracture was united. The misfortune of her husband was a severe remedy, but an effectual one.

A physician of my acquaintance some years since became thoroughly impressed with the idea, that some symptoms which he had, indicated the existence of an organic disease which was certain to end fatally. At his request I made a full examination of his case, and found the symptoms to be purely of a nervous character. The expression of my opinion relieved him for the time of his anxiety. But as he brooded over his feelings when alone, the same idea returned again. I examined him repeatedly with the same result, but the comfort which he received from me was only temporary. Knowing that he was paying his addresses to a lady who was not only cheerful herself, but who had the power of making every body else cheerful about her, I recommended to him to be married at once, and told him that if he would be, we never should hear any more about his aneurism. My prescription was followed, and was entirely successful. The idea, which had so long haunted him like an evil spirit, was cast out never to return.

Every one is familiar with the fact, to which I have already alluded, that dyspepsia has a depressing influence upon the mind. And as the mental depression reacting upon the disease aggravates it, anything which tends to

remove this depression assists materially in curing the disease. Diversion of the mind from its habitual gloomy ideas to cheerful thoughts and efforts, often exerts a great influence in such cases. I will mention a single case illustrative of this remark. A gentleman of high intellectual character, who was sadly afflicted with the dyspepsia, visited his friend Dr. Ives of New Haven, and placed himself under his care. The Doctor saw at once that medicines would do but little good in his case, so long as his mind remained in the same condition, and occupied with the same thoughts; and that a change there would go far to effect a corresponding one in his bodily condition. He determined to produce this change without the patient's being aware of his intention, as it in this way would be more effectually accomplished. In one of his rides with him they alighted to pick some wild flowers. He adroitly excited his friend's curiosity in regard to the structure and growth of the flowers, and leading his mind on step by step, he did not stop till he had fairly made him a student of botany without his knowing it. The result was that he engaged in the study with great enthusiasm, and followed it up for some time. He was changed at once from a gloomy self-tormentor into an ardent and cheerful seeker after knowledge in one of its richest and fairest fields, and this change made his recovery a rapid and easy one.

But it is not only in those cases in which the mind is obviously affected, that the physician is to apply the principle of which we have just been speaking. He can make use of it with much profit in ordinary cases of disease, in his intercourse with his patients from day to day. The sick are prone to brood over their own complaints, and to watch their sensations, and they need to have the mind diverted to other subjects.

In this connection I will notice very briefly the influence of change of scene upon the invalid. When the same objects are seen by him from day to day, and he has the same subjects of thought and conversation, these all act as so many fastenings, or points of attachment, tending to hold the disease in the same unvarying condition. But take him away from them all, and set him free from this discouraging and burdensome sameness, and let his thoughts and feelings flow into other channels, and the change of course favors the introduction of a new state of things, bodily as well as mentally. The new objects that he sees not only take off his attention from his diseased sensations, but the new excitement that he feels, as he sees them one after another, diffuses a refreshing and invigorating influence throughout his system. And imagination lends her aid in producing this effect. It seems to him that everything is better than it was where he was so lately shut up with the feeling almost of a prisoner—that the air is more pure, the grass more green, the foliage of the trees more dense and rich, and even the sun more cheerfully bright. Something, it is true, is to be attributed to change of air under such circumstances, but much less commonly than to the influence of change of scene upon the mind.

The sick room, as every physician has frequent occasion to witness, acquires after a time a monotony that is dreary and painful to the confined invalid. Day after day he sees the same furniture and same walls, every irregularity of whose surface he becomes acquainted with, and he is forced to seek for some variety even in the most trivial circumstances. "There, Doctor," said an invalid playfully, "I have made a little change, to-day. I have had the rocking-chair put the other side of the fire-place, and the bureau moved to that corner, and those phials on the shelf, you see,

have changed their places. My friends, Cologne and Camphor, have gone to the other side of that vase, and those drops (which, by the way, Doctor, I think that I have taken so long that some *change* would be well) have their station now quite at the other end of the shelf. And my good grandmother, you see, looks down upon me from the other side of the room. Variety is pleasing, Doctor, even within a few yards square, when one can not get any farther."

Even when the invalid is not confined to the sick chamber, but has his rides and his walks, the monotony of every day's routine becomes a weariness. And no wonder that an escape from this is so often so manifestly beneficial to him.

But it is not merely the diversion of mind, attendant upon change of scene, that benefits the invalid, but his release from those mental associations, that have so tenaciously connected themselves with his sickness, has an important influence. The place where he has spent wearisome days and nights of pain and restlessness and languor, must necessarily have unpleasant associations connected with it. These hinder, and in some cases even prevent convalescence; and when he casts them off, he feels that he has rid himself of a great burden, and as he goes on his course with a light heart, a fresh impulse is given to the vital powers of his body, making him to feel, as he says that he does, like a new man.

The mind of the sick man sometimes gets into a fixed, unvaried state, with one settled cast to its ideas. The tendency of this is to make the diseased condition of body to remain fixed also. It is important, therefore, to alter this mental state—to break up this unvarying train of thought and feeling. There are different ways of doing this in the different cases that present, and the physician must judge

as to the most proper mode of effecting the object in each case. I will give a few cases as illustrations.

A patient who had been very sick, but who had recovered from the severity of her attack, and who was in a fair way for getting well, remained precisely in the same condition for some time. Her mind was in a fixed state of gloom, marked by a perfectly unvaried expression of countenance. Her friends had tried in every way to make her cheerful, but it was in vain, for the simple reason that all their attempts to do so were obvious. I knew that she had naturally a lively sense of the ludicrous, and therefore, after getting her somewhat off her guard by some incidental conversation, I then, with an air of perfect carelessness, uttered something which I thought would be very apt to hit her mirthfulness, as the phrenologists term it. It did so, and a smile kindled up at once upon her sad countenance. The spell was now fairly broken. She speedily regained her wonted cheerfulness, and the load being cast off, she went straight on in the bright road of convalescence. In this case it was but a small thing, after all, that turned the current of thought and feeling, and the means which had already been used, most persons would suppose, were much better calculated to do it. All direct and palpable efforts to make the gloomy invalid cheerful, are almost always unsuccessful; and yet it is such efforts that are most commonly made use of by the friends of the sick.

The course which was pursued in another case, was quite a different one. The patient was a clergyman, who had the impression strongly fastened upon his mind that he should certainly die, and could not be made to admit by the force of any reasoning, the possibility even of his recovery. It was not an opinion founded upon evidence, but it was a fixed state of mind, which was the product of the

disease. It was important to remove, if possible, this all-absorbing thought, for it was reacting unfavorably upon the disease itself. It could not be done by argument, nor by speaking to him the words of hope; for it was not a conviction of truth arrived at by any reasoning, but an impression unaccountable, but strong and vivid. He did not *think* that he should die, but he *felt* that he *knew* it. Some remedy, then, different from either of these, was necessary. As he was a man of stern, decided religious principle, I determined to make a bold onset in that quarter. I told him that God alone knew whether he would die or recover, and that he was doing wrong—absolutely committing high-handed sin, in setting himself up as knowing what God only knows. This was the substance of what I said to him, and it produced the desired effect. The impression was dislodged from his mind, and though he occasionally talked discouragingly of the result of his sickness, he never said after that, that he *knew* that he should die.

One other case I will relate, in which the course taken to destroy the diseased mental impression was of still a different character. A patient, a gentleman of superior mental and moral qualities, sent for me to inform me that he had received a revelation, in which God had forbidden him to eat or drink or sleep. The confidence which he manifested in me by sending for me determined in my mind at once the course to be pursued. I told him that I had also had a revelation, which was quite as good as his, perhaps better. 'And,' said I, assuming the air of calm authority that expects submission as a matter of course, 'you must obey it.' 'What is your revelation,' he inquired. 'My revelation,' said I, 'embraces all that is necessary in your case. And in obedience to it you must continue to follow my directions, and you must eat and drink and sleep as you

have done.' I left him with my revelation fastened in his mind, it having supplanted his altogether, and he immediately ate and drank, and that night slept as well as he usually did.

In chronic cases especially, the sick are often prevented from recovering by the influence of unpleasant circumstances in their situation, or in their relation to others around them. The friends of the sick often get out of patience with them in the tediousness of a long confinement. Sometimes there is unkindness, and this to the weakened mind and depressed spirits of the invalid, is often a burden that cannot be borne. Some secret grief often neutralizes the influence of medicine.

There is often great want of tact in managing the whims and caprices of the sick. Many expect them to be as reasonable in their notions and desires and feelings as if they were well. It is unwarrantable and unjust to demand this of a weakened and beclouded mind, and agitated nerves. Trifles light as air affect the sick strongly. The very grasshopper is a burden to them. It is with the mind of a sick man as it is with his senses. Noise troubles him—even the motion of a rocking-chair, perhaps, or the swinging of a foot, disturbs his sight, and through that sense disturbs his mind. The darling child, whom he delights, when he is well, to see running about playing his little pranks, must be taken out of the room, because he makes his father's head to whirl and to ache. Thus easily is he disturbed through the senses. Just so is it with his mind—it is as easily disturbed, and circumstances, which would scarcely excite a passing thought in health, now agitate and depress him. Disappointments, that ordinarily would be felt but for a moment and slightly, he can hardly brook now. Every mother has often seen how easily her child is grieved by little things,

when mind as well as body is prostrated by sickness. And she does not commonly get out of patience with it for its seemingly unreasonable griefs, but soothes and quiets them. It would be well if the attendants and friends of the sick had more of that patience and forbearance, which are prompted by a mother's tenderness.

The sick often contract a strong feeling of dislike towards some things, and sometimes towards individuals. They may regret it, and see that it is unfounded and foolish, and yet not be able to get rid of it. Some make the sick dislike them by their very kindness, because it is so officious and pains-taking. There is a tact in the good and judicious nurse which dictates just what to do and how much, and many of the attendants on the sick are sadly deficient in this.

The fretfulness and impatience of contradiction, which are so often the product of the nervousness of disease, are generally not to be combatted, but to be borne with. The considerations which I have already presented clearly show the propriety of this maxim; and yet it is a maxim which is very commonly neglected. Many a dispute about the most trivial things is held between the patient and the attendant or friend, when a little tact might have diverted the weakened mind from the subject, without yielding in the least anything, which pride of opinion or firmness would prompt to hold fast to. I once heard a mother, a woman of intelligence too, dispute with her sick daughter about the number of crackers she had eaten during the day, each maintaining her side of the question with as much zeal and pertinacity, as if it were a matter of vital importance. The result was that the patient was injuriously agitated by this rencontre about nothing, and ended it by bursting into tears, and the mother triumphed, as was her wont to do, by har-

ing the last word. And this was a fair specimen of the moral management of that patient during a long sickness. It added vastly to her nervousness, and clouded a mind filled with lofty, and refined, and tender sentiment, and made that chamber a scene of painful exhibition of thought and feeling, when a different management might have soothed her agitated nerves, and left the sensitive chords of her soul to respond clearly and harmoniously to the gentle touch of friendship and love.

The patient often feels, and takes comfort in feeling, that his temporary outbursts of fretfulness and impatience are understood by his friends, as having no consonance with the real feelings of his heart. A much respected patient, of whose sickness I have many pleasant recollections, was one day speaking to me of his sister in the highest terms of eulogy. "Yet," said he, "I scold at her, but I have no business to do it. However, she understands it. She knows that I am nervous, and that I am sometimes hardly myself, and she forgives it all."

Let me not be understood to mean that all the notions and caprices of the sick are to be yielded to as a matter of course. I only object to an useless and injudicious warfare with them. There should always be firmness exercised in the management of the sick, but there should be no struggle with them from mere pride of opinion, or a desire for authority, or from want of a proper charity for their mental weakness. They should never be directly opposed, except it be distinctly and manifestly for their good.

One very common mistake in the mental management of some chronic cases remains to be noticed. I refer to those cases in which the nervous system is so deranged, as to produce a variety of sensations of a deceptive character. Such patients are generally laughed at as hypochondriacs,

and they are told by their friends, and sometimes even by physicians, that these sensations are wholly imaginary. This is not so. Some of their notions about them are mere imaginations, it is true; but the sensations themselves are, to some extent at least, real. Imagination may magnify them, but it does not ordinarily create them. The wrong ground which is so often taken in regard to such patients, sometimes essentially retards their recovery. They feel that they are trifled with, and they have but little confidence in the judgment of those who deny that their sensations are real, and therefore have but little if any in the remedies which they administer to them. Besides, the mind of the patient is disturbed continually by the disputes and consequent ill feeling which such differences of opinion necessarily engender, and this of course has a tendency to aggravate the diseased condition.

As an illustration of these remarks, I will mention a single case. The patient, who had long been an invalid, had, among a great variety of sensations, a burning, twinging, sometimes a pulling sensation, in the region of the stomach. Her notion about it was that there was a cancer there, that really pulled, and burned, and twinged. She had been assured again and again that there was no cancer there, but so little credit had been given to her account of her sensations by those who had told her so, that she had on her part given little credit to their knowledge of her case. I immediately told her that I had no doubt that the nerves in that part of the body were the seat of the sensations she described, but that she was wrong in the disease which she fancied to be the cause of those sensations. By taking this plain and obviously proper ground with her as to the nature of her case, making the true distinction between what was real and what was imagined, she was induced to give up the

imaginary notion that was weighing down her spirits. This view of her case, so consonant with the faithful report of her own sensations from day to day, commended itself to her common sense, and by inspiring confidence and hope, did quite as much for her recovery as any other remedial means that were used.

Among the great variety of topics which have suggested themselves in connection with the subject of this chapter I have selected those, the discussion and illustration of which would most interest and profit the general reader. There are two topics, however, of this character which require so extended a notice, that I shall devote to each of them a separate chapter. I refer to insanity, and the influence of hope in the treatment of disease.

In concluding this chapter I remark, that the subject of it demands of medical men a more distinct and thorough attention than it commonly receives. The physician should be something more than a *mere doser of the body*. Mental influences are among the most important of our appliances in the cure of disease. The physician, therefore, in fulfilling his high vocation, should not only have a full knowledge of mental philosophy, but he should aim to acquire a practical skill in applying its principles to all the ever varying phases, which the mind presents in its connection with disease. The possession of this skill is one of the most valuable endowments of the medical art.

CHAPTER XV.

INSANITY.

It is not the object of this chapter to treat at large of insanity. It is my intention to speak, as briefly as possible, of some points in regard to its causes and its treatment, which ought to be understood by the community.

The causes of insanity may be divided into two classes—those which act upon the mind, and those which act upon the body.

The mental causes of insanity do not produce the disease directly through their influence upon the mind. But this influence extends to the organization with which the mind is connected; and the insane manifestations or symptoms are entirely the result of the reaction of the affected organization upon the mind. As this point has been somewhat fully elucidated in the chapter on *the Mutual Influence of Mind and Body in Disease,* it is not necessary to dwell upon it here.

The physical causes of insanity may be subdivided into three classes; those which act upon the great central organ of the mind, the brain; those which produce disease in other organs, affecting the brain sympathetically; and those which have a more general influence upon the system as a

whole, or as a congeries of organs. In an individual predisposed to insanity by the peculiar cast of his nervous system, this malady may be induced by some local disease of some of the organs, or by an impaired state of the general health.

There is commonly too much disposition to look to some one thing, as the cause of the insanity in each individual case. And this disposition is encouraged by the tables of causes, which appear in some of the reports which are issued from our Insane Hospitals. These tables cannot be made up with any degree of correctness. They are therefore of little, if any, use; and they are even calculated to lead to error, if any great reliance be placed upon them. In the great majority of cases of insanity, the disease is the result of a concurrence of causes, and not of one cause alone. Perhaps it will be said, that in constructing these tables the *predominant* cause is sought for in each case. If it be, it is by no means always easy to find it. In very many cases there must be much doubt in regard to it; and in no small proportion of them candor would lead to the confession, that we are entirely in the dark on this question. In the classification of causes, the class of *doubtful* or *unknown* should be much more numerous than it usually is in the annual reports of Institutions for the Insane.

One of the mistakes which are committed by the community, and sometimes even by physicians, in regard to the causes of insanity, deserves a passing notice. The *form* of the derangement is often considered as indicative of the nature of its cause. It is by no means necessarily so. For example, an individual, who in his derangement talks mostly on the subject of religion, cannot as a matter of course be considered as having become insane through religious excitement. It may have been so, but the bare fact, that

religion furnishes the subjects of his insane ideas and feelings, is no absolute proof that it is so. As well might it be said, that a patient who thinks that he has no stomach, of course became insane through abuse of that organ. A very common cause of insanity of a religious character is an impaired state of the general health; and the insane ideas run in that particular channel very often from the influence of merely collateral, or adventitious circumstances.

Neither can the form of the derangement furnish any conclusive evidence as to the character of the patient. Persons of the purest minds, and of the deepest reverence for the Deity, are sometimes in their insanity exceedingly profane and obscene.

It is important that the public should be informed in relation to the *causes* of insanity, in order that these causes may as far as possible, be avoided. I will therefore notice some of them very briefly.

One of the causes of insanity is an indulgence of the passions. I take as an example the passion of pride. When this passion has obtained a monstrous growth from long indulgence, a severe mortification of it, especially if it be repeated or continued, will produce insanity in those who are predisposed to this disease, and sometimes in those who have no marked predisposition of this character. Many cases of this kind may be found in our Retreats.

In this connection I mention, as another source of insanity, the wrong views of life, the false principles, and the sickly sentimentalism, which are infused insensibly into the mind by a very large proportion of the fictitious literature of the world. This influence is a more prolific source of insanity than is commonly supposed. Not only is it exerted upon the reader as an individual, but it affects through the

multitude of readers the general tone of thought and feeling, and thus acts widely, not merely as a particular, but as a general cause of insanity.

Anything which causes an undue excitement in the mind has and etency to produce insanity. A too exclusive and prolonged attention to one subject has this effect. It is in this way in part that ultraism acts as a cause of this disease. The brain becomes wearied out and weakened by one kind of effort, just as the muscles of the school boy's arm are tired out, when, as a punishment, he is compelled to hold with outstretched arm any heavy article for some considerable length of time. A wearied and weakened brain, when the infliction which produces this result, is frequent and long continued, is apt to become diseased; and one of the diseases to which it is thus made liable is insanity.

It is said that insanity is hardly known among the savage and uncivilized. There are two reasons for this. They are the intellectual torpor, and the physical vigor, which result from the habits of the savage. Wild passion, it is true, sometimes lashes his mind into fury, but it easily subsides into its usual repose, and the firm fibres of the brain and nerves suffer no injury from the shock. So also in countries which are ruled by despotic governments, the mental torpor which prevails makes insanity a rare disease.

As the intellectual torpor and the physical vigor of savage life prevent the occurrence of insanity; so on the other hand, the intellectual activity and the physical debility of civilized life conduce to its existence. Mental excitement combined with luxury and effeminacy is a prolific source of this disease. In this age, and especially in this nation, the mental activities in every department of effort are so lively,

and have so little intervals of relaxation, that the wear and tear of brain in all this conflict produce an unusual amount of insanity, greater as is shown by statistics, than in any other country in the world.

It is not strange that the excitement which is created in the mind by the stirring motives presented by religion, should sometimes occasion mental derangement. The struggle which it often awakens against the passions, and propensities, and errors, which have accumulated in amount and force by long indulgence in sin, must render persons of considerable nervous susceptibility liable to this disease. But in such cases religion acts only as the exciting cause, while the predisposing causes have been exerting their influence through a long series of years. And it is to be remembered, that though, even when it is properly taught and enforced, it may occasionally act as the exciting cause of insanity, its general influence tends to remove the predisposing causes to which I have alluded, and its universal prevalence would be attended by their entire removal. It is also to be remembered, that of all those cases which are charged to religion by an indiscriminating public, and by the enemies of Christianity, in very few of them is the insanity produced by the proper presentation of religious truth, while in the great majority of them it owes its origin to the wild vagaries and the rash measures of the errorist, the ultraist, and the fanatic.

A fruitful source of insanity is to be found in a general debilitated condition of the system, which may be induced by a great variety of causes. Such a condition is commonly characterized by a morbid nervous irritability, which, with the aid of concurring causes, often produces mental derangement. A very large proportion of the inmates of our Insane Retreats present this condition of system. Their

physical and mental energies have both been exhausted by incessant toil, and care, and anxiety from year to year, and long continued ill-health has at length resulted in insanity. I may remark that we see, in the loss of physical vigor as a cause of insanity, the chief reason why there are more females than males among the insane.

As intemperance combines so many of the agencies which tend to produce insanity, it is justly considered as one of the most prolific sources of this disease. Strong drink exerts its destructive influence upon the whole man, mental, moral, and physical. It dethrones the reason, and inflaming the passions, gives them the supremacy. It creates a morbid excitement throughout the whole nervous system, and especially in the brain, the great central organ of this system, and the instrument of the mind. It affects other organs also, and particularly the stomach, which sympathizes so readily with the brain, that its disorders, as is known to every one, have a great influence upon that organ. Strong drink, therefore, acting in these different ways upon the system, not only expends the vital power rapidly, bringing on premature old age, but it makes its deposites of disease here and there in the various organs, which seriously embarrass them in the performance of their functions. With such an impaired and diseased state of the system, and with the constant excitement to which both body and mind are subjected, it is no wonder that the intemperate are peculiarly liable to insanity.

In looking at the causes of insanity we readily discover the reason why children are so seldom insane, though, from the liveliness of their sympathies, they are much more apt to be *temporarily* deranged by disease than adults are, as we see in the paroxysms of fever. The brain and nervous system require a long series of influences to bring them

into such a state, as renders them liable to that class of diseases, which we include under the name of insanity. This state is an accumulated result of the action of predisposing causes, continued for some length of time, perhaps during all the previous life of the patient. But the derangement of the child ceases with the temporary disease which causes it. Its organs, not being incumbered with any accumulations of disease, return readily to the performance of their healthy functions; and its nervous system not having been shattered with repeated attacks of sickness, and not having experienced the wear and tear of trouble and toil, resumes at once its usual free and easy and buoyant condition.

But, though insanity is not a common disease in the early years of life, the foundations are often laid for it in this forming period. The intellectual is often cultivated at the expense of the physical, thus inducing that debilitated, and at the same time irritable state of system, which you have seen is one of the prominent causes of insanity. The passions, instead of being curbed by reasonable restraints, are left to run riot. False views of life are permitted, with all the bewitching fascinations which genius and fancy and wit can furnish, to stamp their impress upon the mind, and through it upon the brain during the impressible period of its growth. Luxury too pampers the appetites, and gives to them a supremacy, which debases and impairs alike the physical and the mental powers. When the child therefore becomes the man, it is not strange that the predisposition, thus formed within him by this moral and physical training, should become more and more developed amid the stirring and troublous scenes of active life, till at length, through the agency of some exciting cause, insanity appears as the accumulated result of all these evil influences. Education

then, using the word in its widest sense, has much to do with the production of insanity when it is directed by wrong principles; and, on the other hand, it can be made under proper management, to exert a powerful influence in the prevention of this disease.

Let me now call the attention of the reader to a few considerations in regard to the forms and the signs of insanity.

In some cases the symptoms of this disease are from the first of so marked a character that no one can mistake the nature of the malady. But in other cases its signs are for a long time indistinct, and no period can be accurately fixed upon as marking the commencement of the disease. Such cases are apt to be very obstinate, and the longer they continue without proper treatment, the more difficult is it to effect a cure. And delay is so common on the part of friends in relation to such cases, that many of them, in which an early adoption of the proper course would have resulted in an entire restoration to health, become incurable before anything effectual is done. In order that cases of this character should not be thus neglected, the community need to be enlightened in regard to them.

The conversation and the conduct of such patients often exhibit no signs of aberration of mind, which would strike the common observer, even when the disease has existed for some length of time. And when physicians assert that they are insane, some of their friends are apt to doubt in regard to it, and sometimes they even controvert the assertion. Of many cases of this character which have come under my observation, I will allude to but two. One of them is the case of a lady, whose insanity, which had taken the form of religious ultraism, had been coming on very gradually for a long time. Though it was of so deep a cha-

racter as to be absolutely incurable, many even very sensible persons among her acquaintances expressed their doubt of the necessity of taking her to an Insane Hospital, and probably would have cast blame upon me for so doing, had she not at one time summoned her friends around her, and after giving some singular directions and parting counsels, retired to her chamber and laid herself down to die. Such palpable acts as this, are often the first evidence that convinces the friends of a patient of the reality of his insanity. Though it may have existed for weeks or months, they perhaps have thought him to be nervous and 'in a strange way,' as it is expressed, but they have not really supposed him to be insane.

The other case which I will mention is one which was brought to the consideration of the civil authority of the town. I was called upon to testify in relation to it. The proofs of this gentleman's insanity, which I adduced, were even made the subject of ridicule by a portion of that wise body of men, and yet his insanity very soon became so decided that he might be seen from day to day in our streets picking up rags and strings and bits of wood and coal.

The delusions of some patients are confined to some particular subjects. Upon these their insanity will appear in their conversation, while upon all other subjects they are perfectly rational. A man, who conversed with the utmost propriety on all other topics, on being asked if he believed in Jesus Christ, said at once, 'I am Jesus Christ.' A lady, who had very ambitious desires in relation to her husband's standing in society, became insane upon this point alone, and while she was as rational as ever on all other subjects, she constantly poured a storm of reproach and abuse upon him, because he was not as great a man as she wished and expected he would be. A lady, who had been much fatigued

in preparing for house-keeping, upon going into her new abode contracted a feeling in regard to the house, which was something more than a mere dislike—it was a horror. She could not bear to be in it, especially if she were alone. She had an impression, ill-defined but unconquerable and ever present, that something dreadful would happen to her if she remained there. She said that she had rather live anywhere else, even in the poorest shanty. Her friends thought that it was a foolish notion, which she could overcome if she would make the effort. But they were mistaken. She was really insane on that one point. I recommended that she should be permitted to stay away from her house so long as she desired it, and that her mind should be diverted by journeying and visiting. A few weeks sufficed to remove the delusion. I once knew a similar case in which the patient was not removed, and her misery finally drove her to the commission of suicide.

It may be remarked of these cases of monomania, as it is termed, that they do not ordinarily retain the same definite and exclusive character which they at first have. If the insanity continue for some length of time, other delusions are apt to be added to the original one.

Moral insanity is a form of the disease which is scarcely believed to exist by the community at large, and our courts of justice are very reluctant to recognise it, and will not do so without the most indisputable and abundant evidence. And yet this form of insanity is by no means rare. Many cases of it are found in our Retreats; and the outrages, which such patients commit, are occasionally made the subject of investigation before our legal tribunals. It is an insanity of the moral sense, affecting the intellect little if at all. Dr. Bell in speaking of it says, "There is insanity of *conduct*, but not of *conversation*; the persons afflicted are

capable of reasoning with correctness and energy upon premises not only false, but which they know to be false, and frequently display the greatest ingenuity in giving reasons for and explaining away their eccentric and unjustifiable conduct, and accounting for the change which, they will admit, has occurred in the whole tone and temper of their dispositions and propensities.

"It is a form of disease in which, perhaps more than in any other, acts which, in a rational and responsible being would be crimes, are committed. It occurs, at times, as the sequel of violent attacks of mania,—it passes into decided mania or demency,—it alternates with intellectual derangements; all which circumstances afford an adequate presumption of its being a genuine form of insanity."*

"Sometimes" says Professor Smith of New York, in a very excellent description of this form of insanity, "it shows itself in the abandonment of ordinary habits and pursuits; in carelessness of one's own affairs with random indulgence in follies and gross sensualities. Sometimes it is seen in the form of ardent devotion to a succession of projects, each suddenly conceived and embraced, with, it is believed the certain prospect of rapidly amassing wealth, or advancing in honor and happiness—and each as suddenly given up in disgust. In some cases there is an uncontrollable disposition to merriment, boisterous hilarity, and sportive and mischievous conduct towards others. Occasionally the more striking phenomena are inflated pride, exquisite vanity, and contempt of ordinary things. Frequently it assumes the character of melancholy or deep gloom, attended with fondness for solitude, and forebodings of evil when all around and in prospect is inviting and joyous. A form not uncommon displays itself in an unaccountable partiality for particular

* Annual Report of the McLean Asylum, 1843.

persons, and a dislike of the nearest and dearest friends, with a disposition to revile and injure them. The more serious varieties are those in which there is a suicidal propensity, or a feeling of necessity to commit some dreadful crime—for example, to destroy a certain individual, perhaps a relative, as a tender and beloved child—an act, the execution of which, the reasoning power strongly opposes, and the conscience prevents by awakening the feeling of horror. These restraining forces, however, are not always sufficient to curb the strong propensity. Sometimes, as if urged irresistibly by some demoniac influence, the fatal deed is perpetrated; and instant relief from the burning passion is obtained; the homicide feels that a part of his destiny is fulfilled, and hence an emotion of satisfaction spreads over his mind. But such relief is not always durable; regret and remorse may succeed, and rankle long and deep in the soul."*

I will pass on now to a few remarks upon the *treatment* of insanity.

The past history of the treatment of this disease is to a great extent a history of tyranny and cruelty. The errors and abuses which have generally marked the management of the insane, till within a few years, are numerous and truly horrible. But these errors and abuses are fast passing away. Ever since the wise and humane physician, Pinel, entered in 1792 the Bedlam of France, in whose cells three hundred maniacs were chained, and in the short space of a few days knocked off the chains from fifty-three of them with none but happy results, the management of the insane has been becoming steadily more wise and merciful from

* A Discourse on the Influence of Diseases on the Intellectual and Moral Powers, by Joseph M. Smith, M. D., Professor of the Theory and Practice of Physic, and Clinical Medicine.

year to year.* In producing this change throughout the community, the public institutions for the insane have had a great agency. I will therefore pass at once to the consideration of the usefulness of these institutions, as the best mode which I can adopt for developing the principles to be observed in the treatment of insanity.

* The following very interesting account of this experiment is taken from an article on the treatment of lunatics, in the London Quarterly.

It was during the reign of terror, and while all France labored under a new form of insanity, that the idea was first conceived of setting loose madmen from their bonds. The good and wise physician, Pinel, seems to have been struck with the injustice of keeping the patients chained in the dungeons of Bicetre, while so many hundreds of his countrymen, more mischievously distracted than many of them, were at large to work the bloody frolics of the revolutionary frenzy. There were at that time upwards of 300 maniacs chained in the loathsome cells of the horrible Bedlam of France. Pinel formed the resolution of setting them free from their strict restraint, and he entreated permission of the Commune to that effect. Struck with the novelty of the enterprise, at that time a sufficient recommendation before any assembly in France, the Commune listened to the proposal, and deputed one of their body, the notorious Couthon, to accompany the physician to the spot, and judge of the propriety of carrying his undertaking into effect. They were received by a confused noise—the yells and vociferations of some hundreds of madmen, mixed with the sounds of their clanking chains, echoing through the damp and dreary vaults of the prison. Couthon turned away with horror, but he permitted Pinel to pursue his enterprise. The philanthropist resolved speedily to liberate fifty of the number by way of experiment, and began by unchaining twelve of the most violent. The account of his proceeding has been recorded by his nephew, Sclyion Pinel, in a lively narrative, which was read before the Academy of Sciences. The first man set at liberty was an English captain. He had been forty years in chains, and his history was forgotten by himself and all the world. His keepers approached him with dread; he had killed one of their comrades by a blow with his manacles. Pinel entered his cell unattended, and accosted him in a kind and confiding manner, and told him that it was designed to give him the liberty of walking abroad, on condition that he would put on a waistcoat that might confine his arms. The madman appeared to disbelieve; but he obeyed. His chains were removed, and the door of the cell was left open. Many times he raised himself and

The advantages of Retreats, or Hospitals for the Insane, may be summed up under three heads, which I will notice separately.

1. In sending a patient to a Retreat you take him away from all those mental associations under which his insanity originated. These associations are so many *points of attachment,* by which his malady is fastened upon him; and it is therefore almost a *sine qua non* in the cure to release him from their influence. The power of these associations is most strikingly shown in the renewal of the insanity, in those who are returned to their homes before their restora-

fell back; his limbs gave way; they had been ironed forty years. At length he was able to stand and to stalk to the door of his dark cell, and to gaze, with exclamations of wonder and delight, at the beautiful sky. He spent the day in the enjoyment of his newly-acquired privilege; he was no more in bonds; and during the two years of his farther detention at Bicetre, assisted in managing the house. The next man liberated was a soldier, a private in the French guards, who had been ten years in chains, and was an object of general fear. His case had been one of acute mania, occasioned by intemperance—a disorder which often subsides in a short time under abstinence from intoxicating drinks unless kept up, as in this case, by improper treatment. When set at liberty, this man willingly assisted Pinel in breaking the chains of his fellow prisoners; he became immediately calm, and even kind and attentive, and was ever afterwards the devoted friend of his deliverer. In an adjoining cell there were three Prussian soldiers, who had been many years in chains and darkness; through grief and despair they had sunk into a state of stupor and fatuity, the frequent result of similar treatment; they refused to be removed. Near to them was an old priest, harmless and patient, who fancied himself to be the Savior of the world. When taunted by the keepers, who used to tell him that, if he was Christ, he could break the heavy chains that loaded his hands, he replied with solemn dignity, *Frustra tentaris Dominum tuum.* After his release he got rid of his illusion, and recovered the soundness of his mind. Within a few days Pinel liberated fifty-three maniacs from their imprisonment. The result was beyond his hopes. Tranquility and harmony succeeded to tumult and disorder, and even the most ferocious madmen became more tractable. This took place in 1792; and the example of Pinel was followed in various parts of France.

tion is fairly confirmed. Change of scene, as is known to every one, has a good effect upon invalids generally; but it is especially true of those invalids whose disease is insanity. Accordingly a very inportant part of the treatment of the insane in a Retreat, consists in such a management of their occupations and amusements, as will best divert their minds from those channels of thought and feeling, in which they have previously run.

2. The insane are ordinarily subjected to a more judicious *medical* treatment in a Hospital than they are among their friends. It is the testimony of all who have had charge of the insane, that their restoration depends mostly upon regimen, or the regulation of their occupations and amusements, bodily and mental, and very little indeed upon medicine. It is undoubtedly true, that the deranged are very often injured by too much positive medication prior to their admission to a Retreat. They are first dosed by their friends, and the physician who is called in, having had perhaps but a limited experience in insanity, places too high an estimate on the curative power of remedies in this malady, and gives the patient altogether too much medicine. It was once very common to bleed the insane. But it is now settled by the accumulated experience of the profession, that very few of them require this measure, and that most of them would certainly be injured by a reducing practice.

3. In sending a patient to a Retreat, you place him under a better moral and mental management than he can have among his friends. There is a peculiar tact requisite for the proper management of the insane, which some seem to possess naturally, and which is much improved by actual practice. In the selection of attendants in our Retreats special regard is of course had to the possession of this qualification. The attendants are therefore skilful in man-

aging the insane mind. They are free from those errors which are so common in the community in relation to the treatment of insanity, and which often do so much harm to the insane while they continue under the care of their friends at their homes. Some of these errors it will be profitable to notice briefly in this connection.

It is very common for the friends of the insane to attempt to *reason* them out of their delusions. If the derangement be of a religious type, the clergyman, or some excellent friend, endeavors by argument to convince the patient of his error. This is in vain, and worse than in vain. *It uniformly does harm.* It does nothing but strengthen the patient's confidence in his notions, and make him more earnest and obstinate in their defence.

It is quite common still, though not so much so as it once was, to practice deception upon the insane. This ruinous error I comment upon in the chapter on *Veracity in our Intercourse with the Sick*, to which I refer the reader.

Another error which is frequently committed, is to pursue a timid course at one time and a violent one at another, instead of one which is both mild and firm throughout This error has been the cause of the practice of much unnecessary cruelty in the domestic treatment of the insane.

These and other errors are for the most part avoided by the attendants in our Hospitals. They have no needless collisions with the patients in regard to their notions and delusions. They practice no deception upon them, but win their confidence by an open and candid intercourse. Their conduct towards them is marked with mildness, and they make use of no more restraint than is absolutely necessary, and that with calm firmness, instead of impetuous and noisy violence.

It is a common observation that the deranged are apt to look upon their most intimate friends as their enemies; while, on the other hand, they are ordinarily much attached to their attendants and physicians. The reasons of this I will briefly notice. In every family, however warm may be its attachments, and however strong may be the control of principle in its members, there must be differences of taste and feeling and opinion, and a mutual yielding on these points is absolutely essential to the maintenance of harmony and peace. Now if one of the members of that family become deranged, his self-restraint is gone, and he no longer does his part of the yielding. He becomes unreasonable, obstinate, opinionative. There is no more agreeing to differ on his part. All the points of difference between him and his friends become now to him so many battle grounds; and those whom he fights he is apt to hate. The injudicious discussions and disputes, which friends are disposed to hold with the insane, add to the difficulty. Then too the deceptions, which most persons feel themselves authorized to practice in such cases are certain to confirm the enmity, by destroying the confidence of the insane in their candor and honesty. I need not stop to show, that there is an absence of all these circumstances in the intercourse between the insane and their attendants in a Retreat.

The reader cannot have failed to see in the course of my remarks, that it is very important that the insane should early come under proper treatment. The first indications of insanity should be noticed, and measures should at once be taken to convey the patient to some Retreat. The delay which is so apt to occur in relation to those, in whom the malady comes on slowly and imperceptibly, is one great reason why so many of them are incurable. If these could all in the very beginning be removed away from the influ-

ences, which have produced and are maturing their insanity and be placed under proper treatment, many more of them would undoubtedly recover than now do.

Among the most helpless and pitiable of the miserable in this world are the insane poor. Ordinary sickness requires only ordinary care. But insanity is a malady, which not only often requires more care than other sickness, but a care which is, as you have seen, of a peculiar character—such as the comfortless home, the want, and the ignorance of the poor are unfit to supply. It is the duty of society therefore to make systematic and ample provision for the proper care of this class of the insane. In many of the states some provision has been made for them, but it is very inadequate. The provision in Connecticut is an annual appropriation placed in the hands of the Governor to be dispensed by him to applicants till the whole sum is expended. In this way a large number of the insane poor have secured to them a residence for a suitable period in the Retreat at Hartford. This is well so far as it goes, but it is not sufficient. *All* the insane poor in the State should be provided for. And the expense need not be very great if a proper plan be adopted. A portion of the expense, one third or one half, should be defrayed in each case by the town where the patient resides. In this way any improper use of the public benefaction would be guarded against, for the local authorities would, in behalf of the towns, secure a suitable examination of the pecuniary circumstances of the patients. Such a plan would be a truly economical one. For many, who, with the scanty and irregular provision which is now made, are left to become hopelessly insane, and to be therefore lasting burdens to the towns in which they reside, would under a better plan be restored and become able to support themselves.

This chapter is already so long, that I must devote less space than I originally intended to the *legal relations* of insanity. A few points only can be briefly noticed.

The legal relations of insanity are very imperfectly understood, even by those who are concerned in the administration of justice. The lawyer at the bar, and the judge on the bench, often exhibit great ignorance on this subject. The history of the legal definitions of insanity, given by learned judges, is almost from beginning to end a history of profound blunders. And yet these definitions have been the guide in trials in which insanity has been alleged, except when they have been set aside by the plain common sense of the jury, as has sometimes very fortunately been the case. In speaking of the inconsistencies and absurdities of the English law in relation to insanity, Dr. Bell, in his valuable report to which I have before had occasion to refer, remarks, that "from the test of Judge Tracey, that to exempt from criminal responsibility, the patient should know absolutely nothing, to that of a later tribunal, where ability to repeat the multiplication table was gravely considered as the exact point in a civil case, the doctrines and decisions have been amusingly strange and inconsistent. Even cunning, foresight, calculation, all possessed occasionally in a wonderful degree by the most insane patients of every hospital, have been regularly decided by the highest English tribunals, to contraindicate the existence of that degree of alienation which implies criminal irresponsibility!"

The course which is adopted by our courts, to decide whether a man accused of any crime is insane and therefore irresponsible, is a very objectionable one. In France they are far in advance of us on this subject. The course there is to place the accused, if suspected of insanity, under

the examination of a commission composed of men who are practically qualified to decide such a question. "Upon them," says Dr. Bell, "rests the awful responsibility of determining the state of the mind of the accused, as to the one fact of insanity; they approach him at all times, they watch his actions in his presence and without his knowledge; his habits, his sleeping and waking hours, his physical condition, everything in fact which can throw light upon the momentous question, passes under slow, persevering, scientific investigation. Under the responsibility of reputations as precious to them as those of the highest court, and under the sanction of an oath, they arrive at conclusions, and present their reasons for such conclusions, which form one, not the exclusive, element for a court and jury to arrive at a just judgment.

How are the facts, elucidating the state of a prisoner's mind after a doubtful act, ascertained with us? The functions devolved in France upon the bright professional luminaries such as I have named, here fall upon the gaoler, the constables, and the turnkeys. *Experts* may on the day of final trial be summoned in, to give their opinions on testimony, derived from such sources as this! No provision exists for any investigation beyond the *volunteer* aid, which such an ungracious task will rarely secure. The moment for investigating the perhaps fleeting manifestations and evidences of disease passes, before the law makes the least advances for the prisoner's protection. I have even known the instance of a professional man whose life was spent among the insane, and who, moved solely by humane feeling, had visited in prison a friendless wretch whose homicidal act was feared from circumstances to be the result of insanity, being held up and vilified to a jury by a govern-

ment functionary, for his *officious* intermeddling in matters in which he had no concern!"

Such having been the opinions and practices of our courts of justice, it is not strange that the rights of the insane have often been trampled upon and that *even life has been sometimes sacrificed under all the solemn formalities of law, for acts committed in the irresponsible condition of insanity.* I could cite *many* sad cases in illustration, but I will merely advert to one of a recent date, which the efforts of one individual prevented from being added to the long list of cases, in which the robe of justice has been stained by the blood of irresponsible maniacs. I refer to the trial of the poor negro Freeman, who killed the Van Nest family, consisting of four persons. In this case a verdict of guilty was given, and the community who came near resorting to Lynch law before the trial, were eager to have the sentence executed. Governor Seward, who, to his praise be it spoken, as a volunteer nobly stemmed the raging torrent of popular excitement, defended the prisoner. He succeed in obtaining a grant for a new trial. This trial never took place. The judge, before whom he was to be tried, visited the prisoner in his cell, and becoming satisfied of his insanity, refused to try him. In a few short months the prisoner died, leaving no doubt upon the mind of any one acquainted with the case that he was truly insane.

It is true that the plea of insanity, just like any other plea, is often set up when there is very little ground for it. But there is good reason to believe, that it is very seldom established and made the basis of an acquittal, when it ought not to be. Dr. Bell remarked upon this point in 1844, that "it may be a consolation and an encouragement to juries, in faithfully following out their own sincere convictions upon the law and evidence in such cases, to know,

that in a pretty diligent inquiry as to the event of every case of homicide in New England, where the accused has had the defence of insanity 'set up' for him, and been acquitted on that ground, it has been found that *not a single instance has occurred, where the progress of time has not abundantly verified the soundness of the defence.*" And he has recently informed me that this assertion holds true up to the present time.

While it is important that justice should be secured to the insane, when placed under trial for acts which they have committed, it is of still greater importance that such acts should, if possible, be prevented. If, when a man in an irresponsible condition destroys the life of a fellow-man, we prevent his innocent blood from being shed, we do well: but if we recognise the existence of that condition, and the danger to others which attends it, sufficiently early, to take measures to prevent his destroying the life of his fellow-man, *we do better.*

This point of prevention should be made an especial object of legislation. But in this country the laws which aim at this object are exceedingly defective. In Connecticut it is the duty of the civil authority and select men to order "any lunatic, who is dangerous and unfit to be without restraint to be confined in some suitable place." If they fail to attend to the complaint, in three days it may be brought before any justice of the peace, and he can issue such an order. In Massachusetts the judges of Probate may commit to the hospital any lunatic "who in their opinion is so furiously mad, as to render it manifestly dangerous to the peace and safety of the community, that he should be at large." The objectionable points in these provisions are two. 1. Those are made the judges of the fact of insanity, and of the danger to the peace and safety of

the community attendant upon it, who are not competent to pass such judgment. When we say that judges of probate, selectmen, and justices of the peace are not thus competent, we say nothing to their discredit. Insanity is a subject which they have no opportunity of understanding with any definiteness or to any extent. 2. The terms in which these provisions are couched show, that only great and manifest danger is contemplated by them. Some outrage or attempt at outrage is commonly therefore to be proved, in order to authorize in the view of the law the confinement of the person complained of.

With such defects in the provisions of the law, it is no wonder that the community is occasionally shocked with outrageous, even fatal acts by insane persons, who through neglect have been permitted to go at large. Indeed, in some cases there has been no apprehension of danger up to the time of the commission of such acts; and yet if these cases had been submitted to the examination of those who have knowledge and skill on the subject of insanity, the danger would, generally, at least, have been foreseen, and the acts would therefore have been prevented. To secure such an examination a standing commission of lunacy should be appointed, composed of physicians who are properly qualified to decide the important questions which would come before them. Every case of suspected insanity should be subjected to their examination, and it should be their duty to prescribe what measures shall be adopted in regard to each case. Such a commission would not only prevent the peace and safety of the community in many cases from being violated, and save many valuable lives, but it would also secure a recovery in many cases of insanity in which now neglect renders such a result impossible.

Many other points in regard to the legal relations of

insanity might be noticed with profit and interest to the general reader, but this chapter is already sufficiently long. In conclusion I cannot but express the hope that our lawyers and judges will give more attention to this part of medical jurisprudence; and that the abuses which exist may be speedily removed, so that the pretender to insanity may be sure to be detected and punished, and the truly insane may as surely be secured in their rights.

CHAPTER XVI.

INFLUENCE OF HOPE IN THE TREATMENT OF DISEASE.

I REMEMBER well that Dr. Jackson of Boston used to remark to the students, that the medical profession is, from the nature of its duties, a *cheerful* profession. The physician has so much to do with suffering, disease, and death, that this assertion would at first view seem to be erroneous. But when it is considered that in the great majority of cases he is able to effect a cure, that in those which terminate in death he can generally give relief to suffering from time to time, and thus at least smooth the passage to the tomb, and that the number of sick whose diseases he can neither palliate nor cure is exceedingly small, we can see why it is that the physician is ordinarily so cheerful a man in his daily intercourse. The impressions of most persons on this subject are wrong, and for very obvious reasons. Out of their own immediate circle of relations and friends, they hear only of the severe cases of disease, and often only of those in which death is the result, and know but little, perhaps nothing, of the multitude of cases, here and there in every part of the community, which end in recovery.

Sometimes, it is true, sad cases occur which cast a gloom

over the path of the physician; but then the gloom is soon dissipated by the successful issue of other cases which he had reason to fear would have a fatal termination. Sometimes, too, unfortunate cases come in clusters, and the physician is for the time obliged to see so much of suffering and death, and the sorrows of bereavement, that in his sadness he is ready to regret that he ever adopted such a profession. But this happens only occasionally. It is a mere coincidence, and it is but momentary. Events soon take their ordinary current, and he has his usual amount of success, and resumes his wonted air of cheerfulness and hope.

The results of the skilful and judicious practice of medicine are such then as to make hope, and not despondency, to characterize the prevailing cast of the physician's mind. And so it should be. For hope stimulates to action—steady, clear-minded action—while despondency is prone to inaction, and leads to no efforts except those which are hurried, fitful and confused. I do not mean that the physician should in any case blind himself to the dangers which it presents, and let a vain hope lull him into security. This error should be as carefully avoided as the opposite one, committed by those who see difficulty and danger in almost every case, magnifying every bad symptom, and imagining some which have no existence. The hope of the physician should be an intelligent hope. It should be based upon just and definite conclusions. It should be discriminating, and should be varied in its degree according to the character of each individual case.

Every medicine that is given should be administered by the hand of hope. The prospect, at least of relief, and generally of recovery, should be held up to the mind of the patient. Remedies should be given to effect some definite

object, and the physician should hope to a greater or less degree that they will do so. Hope may thus be indulged in relation to the different stages of a case, without regard to the final event of it, which may be so distant and so clouded in doubt that no calculations can be made in regard to it. And the physician may direct the attention of the patient to these same points, and thus give variety to the hope which he excites in his mind. This in many cases is much better than to come to him every day with the simple expression of the hope that he will at length recover. In the tedium of his confinement, if it be a long one, he soon tires of looking far ahead to the bright fields of convalescence, but finds relief in the little spots lighted up of hope by the way—the oases thus made in the desert of sickness.

Even in those cases in which the physician feels it to be almost certain that the final issue will be a fatal one, it is not proper to give up wholly the idea of recovery, in his conversations with the patient or with his friends. This remark must not be understood to apply to those cases in which the evidence of approaching death is not to be mistaken, and so far as human wisdom can see it is absolutely certain that the patient will die. At the same time it is to be remembered that there are occasionally recoveries when death was confidently expected, and we must avoid being too ready to decide that there is no ground of hope, especially in cases of an acute disease.

I will relate a case in point. A physician was called in great haste to a patient upon whom he had been attending with deep anxiety. He found the family and the friends assembled around the bed of the patient weeping over him as a dying man. The physician himself thought from his appearance that he was really dying. Still he did not *know* that he was, and as he might possibly be in a condition

from which he could be revived, he prepared a cordial at once, and with the look of hope and uttering the words of hope, he administered it. The patient not only revived but recovered. In his convalescence he told the physician that as he lay there dimly seeing with his glazed eyes the sad countenances of his friends, and feeling the oppressive languor of death, as he supposed, upon him, and panting for some cordial and for the pure air of heaven, and yet unable to speak or even to raise the hand, no words could express the relief which he at once felt, spreading a genial glow over his benumbed body, when he heard his cheerful voice speak of hope, and it seemed to him that this had more influence in reviving him than the cordial which he administered.

Strong as this case is, similar cases are in the recollection of every physician who has been in practice for any considerable length of time. And they cannot be distinguished from some other cases in which attempts to revive the sinking powers fail, and the patient dies. Now it will not be claimed that the physician does wrong in uttering the language of hope in the case of those who recover; and he certainly should not be reproached for uttering the same language in the case of those who appear just as likely to recover, but for some reason hidden from human wisdom do not. Just as he would administer the cordial to all of them, so also should he apply to all of them the cordial influence of hope. The same rule is applicable to both the mental and the physical remedy.

It is often said that if the physician, on the whole, taking into view all the circumstances of the case, thinks that a patient is going to die, he ought frankly to tell him so. The considerations which I have presented are, I trust, sufficient to convince the reader that this is by no means true. Shall

the physician, I ask, add to all the depressing agencies which are bearing down the patient the appalling idea of death, and thus lessen, perhaps destroy, the possibility of his recovery? Shall he, in the struggle between life and death, give his influence in any way on the side of death? When the powers of life are sinking, and the life-giving fluid circulates but feebly in the extremities of the system, and is accumulating in the larger blood vessels and in the heart itself, threatening every moment to stop its faint throbbings, shall he, while he administers the cordial, defeat its effect, by holding up to the eye of his patient the grim visage of death, to oppress the vital forces and curdle the blood in its channels? Shall he not rather pour into the mind the cheering influence of hope, and thus aid the cordial in reviving the expiring energies of the system, and in stimulating the heart and the whole circulation into a freer action?

Let me be fully understood on this point. Far be it from me to justify the wide departure from truth, of which some are guilty at such times. Giving utterly false assurances to the patient is a very different thing from merely exciting the hope in his mind to such a degree as the case may allow, that the remedies will produce the desired relief. The latter can be consistently done by the upright and high-minded practitioner, but the former is to be expected only in the ignorant pretender, and the dishonorable and unprincipled physician. The quack always gives assurances of a cure to those whom he undertakes to dupe; for, besides being incompetent to estimate the degree of danger in any case, he is unable to inspire confidence in his measures except by a strong appeal to the hopes of the patient. And some physicians imitate the quack in this particular. They are in the habit of exciting unwarrantably the hopes of the sick for their own selfish ends. By so doing they occasion-

ally retain under their care patients who would otherwise pass into the hands of some one else; and they also get possession of some cases, in relation to which their more honest and honorable brethren have not found themselves warranted in giving any positive encouragement. But, though occasional advantage may result from this course to the physician, and sometimes even to the sick themselves, yet on the whole the honest course is truly the politic one.

It is important, as I shall show more particularly in the next chapter, that the physician maintain his character for veracity and candor in his intercourse with his patients; else, when he can consistently utter the language of hope, it may prove no cordial, because his lips have so often uttered that language so falsely. There are cases in which death may seem to the patient and to his friends to be staring him in the face, and yet the physician may see a sure and speedy relief coming to all the alarming symptoms. Now when he gives an assurance to this effect, in order to quell the anxieties and fears of the sick man and his friends, if he has been known to be in the habit of giving similar assurances without any ground for them, he cannot expect to be believed.

The views and feelings of patients, in regard to the expectation of a recovery, are often misunderstood by their friends. They are sometimes supposed to be wholly blind to their danger, when they are really fully aware of it. They perhaps speak occasionally of what they will do if they get well, and allude to the expected effect of remedies, as if they supposed that they would overcome the disease, and dwell, in their conversation with their friends and with the physician, upon the favorable symptoms that may appear. All this may, and often does, occur in cases in which death is almost certain to be the result; and yet it is

entirely consistent with the existence in the mind of the patient of a rational view of his danger. I remember well a respected friend, who talked of hope and relief now and then almost to the last; and yet, from day to day, he was making such preparations, even to the framing of his will, as showed that, on the whole, he believed this to be his last sickness.

We are not to confound these occasional expressions of hope, these fitful and momentary states of mind, with the settled conviction of the understanding often existing behind all this. The promptings of the natural desire for life are ordinarily not utterly destroyed by the sure prospect of death. There will be moments when this instinctive love of life, and of whatever in life has ministered to the happiness of the sufferer, will turn off his thoughts from the contemplation of death, and call up by association a thousand objects of endearment.

> "For who, to dumb forgetfulness a prey,
> This pleasing, anxious being e'er resigned,
> Left the warm precincts of the cheerful day,
> Nor cast one longing, ling'ring look behind?"

It is well that the hope of recovery should occasionally light up in cases which are certain to end fatally, especially when the patient is the subject of protracted chronic disease. It breaks in upon that painful monotony of mind, which is otherwise apt to exist. It is not commonly well for any one, in any point of view, to have the certain expectation of death fastened in the mind week after week and month after month, even if he have all the while a clear view with the eye of faith of a glorious immortality beyond. This one unvaried state of thought and feeling, though commonly spoken of as exceedingly to be desired, is ordi-

narily neither so profitable nor so happy, as that condition of mind, in which the expectation of death is not so constantly present, but occasionally gives way to thoughts and emotions of quite a different character. The keeping the mind strained up to a certain state, and fixed upon one set of thoughts, is never either in sickness or in health profitable to the individual himself, or to others. And aside from this consideration, though the calm and fixed contemplation of approaching death has something noble in it, and challenges our admiration, still the triumph over death may be as signal, when there is occasionally an indulgence of the natural desire of life, and a shrinking back from the encounter with the king of terrors. The destruction of this love of life, and the utter extinction of the hope of a recovery, are by no means essential to perfect resignation. Indeed the highest degree of resignation may exist when the desire to live is so strong as to prompt the sufferer to catch with eagerness at the slightest grounds of hope even to the last. Incidental circumstances have much to do with the manner in which death is met. A cool temperament, the long continued cultivation of a stoical indifference in the midst of change and calamity, a morbid misanthropy, an habitual disposition to fatalism, the breaking up one after another of all the attachments to this world, the benumbing influence of disease or of medicine, long familiarity with suffering, and the consequent capability of enduring it, which is sometimes truly wonderful—some of these various circumstances may conspire to render submission to the necessity of the case easy, and give to the death-hour a calmness that is often erroneously supposed to arise from a true Christian resignation. The calmness thus induced is often an incidental adjunct to resignation, and is sometimes auxiliary to it, imparting to it firmness and steadiness in its

manifestations. But it is in no wise essential to it, nor one of its elements.

In chronic cases, which are going on gradually to a fatal termination, there sometimes occurs either a temporary pause in the onward course of the disease, or an alleviation of the symptoms of so decided a character, that the patient and the physician cannot avoid indulging for the moment the hope of a recovery. At such times the bosom of the physician is the seat of conflicting hopes and fears. He hardly dares to hope, when he calmly surveys the whole case from the beginning. And yet he has known, he has himself *seen* some strange recoveries, perhaps even more strange than such a result would be in the case before him. What now is his duty to his patient? Shall he tell him the worst, as it is expressed, and thus extinguish his rising hopes? Shall he say to him, "This very probably is only a truce for a little while, and then your now dormant disease will renew its attack, and perhaps with more vehemence; and, even at this time, it may be secretly carrying on the work of destruction, while the remedies are merely administering to your comfort, and smoothing your passage to the tomb?" To say nothing of the evil of such a course, if the case be susceptible of a cure, it cannot be an advisable one, if the prolongation of life and the alleviation of suffering be objects worthy of the aim of the physician; for such a course would in most cases have a strong tendency to defeat the attainment of these objects. If the friends of the patient deem it important that such a view of his case should be presented to his mind, let them take the responsibility of doing it themselves, and not call upon the physician to do it. Ask not him to come to his patient with the look and language of despair, and utterly dissever the idea of hope from the efforts which he makes and the remedies

which he administers. Put no such unnatural, and cheerless, and, I may add, profitless office upon him.

I remember once being strongly urged to such a course by the friends of a patient. Whilst apparently going steadily down to the grave, his symptoms at length became much relieved, and he took some encouragement from the state of his case. In reply to the inquiry of his friends, whether I had any hope of his recovery, I frankly said that I had not, and that from all I could see I supposed that the relief which he experienced was to last but a short time, and that he must die very soon. They urged me to tell him so, but I declined, for the reasons that I have stated above. The condition of comfort and relief lasted in this case, contrary to my expectation, for several weeks; and they were weeks of delightful intercourse, of affectionate counsel, and of triumphant faith and joy. And I have not a doubt that his life was thus happily prolonged in part by the cordial influence of the hope, that the remedies which relieved his distress might effect a cure.

It seems to be the idea of some, that there is something very salutary in a spiritual point of view in the knowledge of the fact, that death is certain and near. That it is more alarming and awakens more emotion than the mere idea of danger, I allow; but that it is more apt to produce right views and feelings is by no means satisfactorily proved. Even if it be true, that the certainty of death is more likely to secure decisive action in regard to the interests of eternity, a decision under such circumstances is by no means so worthy of confidence as one which is arrived at when the hope of recovery is not wholly extinguished. To test this, take as an example the feeling of resignation. When death is seen to be absolutely certain, its very certainty is apt to induce a sort of calm semi-fatalism, which

has the appearance of true submission, and is often mistaken for it through the charity and fondness of friendship. But when the result is seen to be uncertain, if there be amid all the balancing of the mind between hope and fear a willingness to acquiesce in the supreme will, there is good reason to believe that the patient has a true Christian resignation. There was much force in the remark of a patient, who had for some days had the certain expectation of death, but who had at length experienced so much relief, that there was some ground for hope. "I am glad," said she, "that this relief has occurred, even if I do not recover; for now I can fairly test the reality of my submission. I can put life and death together, and examine my wishes and desires in regard to them."

There is one disease in which the disposition to hope is so marked, that Dr. Good enumerates it among its symptoms. I refer to consumption. In some cases, it is true, this symptom does not appear, but despondency for the most part prevails. But this arises either from a morbid sensitiveness of the nervous system, or from a diseased condition of the digestive organs. When neither of these circumstances exists, and the disease is uncomplicated with other maladies, the tendency to hope is so strong as often to resist the force of the most decisive evidence. Nothing is more common than to hear a consumptive patient say, "Doctor, if you will only cure this cough, I shall be well," as if the cough were only a slight matter, and its continuance was rather provoking than dangerous. I once saw a physician deceiving himself to the last week of his life with the idea, that his disease was in the stomach and liver, when there was the most palpable evidence that the lungs, and the lungs only, were diseased.

This tendency to hope is beautifully alluded to in a poetical sketch of consumption by an anonymous author:

> "Then came Consumption with her languid moods,
> Her soothing whispers, and her dreams that seek
> To muse themselves in silent solitudes:
> She came with hectic glow, and wasted cheek,
> And still the maiden pined more wan and weak,
> Pale like the second bow; *yet would she speak*
> *The words of Hope, even while she passed away,*
> *Amid the closing clouds, and faded ray by ray.*"

Shall this hope, delusive as it so commonly is, be demolished by the physician? Clearly it, in most cases at least, should not be. For in very many cases it manifestly prolongs life, and adds to its comfort and its usefulness, and in some cases it proves not to be as delusive as perhaps even the physician is disposed to consider it. Recovery does now and then occur in cases of true consumption, and even in some which are quite advanced. The changes observed by means of the stethoscope in the progress of some cases which have ended in recovery, and the examinations of the lungs of those who have died of some other malady, show conclusively that tubercular consumption is not necessarily a fatal disease. Every physician who has seen much of this disease has occasionally witnessed facts confirmatory of this statement.*

In concluding this chapter I remark, that the obvious rule in regard to the use to be made of hope as a curative

* The mortality of consumption has been undoubtedly increased by the very prevalent, but erroneous, opinion, that when this disease has o fairly begun it is never arrested, but sooner or later ends in death. The definite opinions, too, sometimes given to the patient as to the supposed hopelessness of the case, founded upon the revelations of the stethoscope to the exclusion of other evidence, have produced the same effect.

agent is this—that its cordial influence should always be employed, so far as it can be done consistently with truth, and no farther. And the bare fact that a case has ended fatally, when the physician has encouraged in the patient the hope of a recovery, should by no means, as is often done, be considered as proof that he has dealt falsely. He may have encouraged the patient in good faith. For the physician, however wise and skilful he may be, is not able to foresee with any certainty the final event of sickness so frequently as is commonly supposed, and in all doubtful cases he is bound to give the patient the benefit of all the hope of which the symptoms will admit.

CHAPTER XVII.

TRUTH IN OUR INTERCOURSE WITH THE SICK.

On the question, whether strict veracity should be adhered to, in every case and under all circumstances, in our intercourse with the sick, there is very great difference of opinion, as well among medical men, as in the community at large. Some are most scrupulously strict in their regard to truth; others, while they are generally so, make some few occasional exceptions in cases of great emergency and necessity; while others still (and I regret to say that they are very numerous) give themselves great latitude in their practice, if they do not in their avowed opinions.

In examining this subject, it is not so much my intention to discuss the abstract question, as to present the many practical considerations that present themselves, illustrating them, so far as is necessary, by facts and cases.

In order to introduce the subject, I will here quote a passage from Percival's Medical Ethics, which presents the views of those who are in favor of an occasional departure from truth, where the necessity of the case seems to demand it.

"Every practitioner must find himself occasionally in circumstances of very delicate embarrassment, with respect

to the contending obligations of veracity and professional duty; and when such trials occur, it will behoove him to act on fixed principles of rectitude, derived from previous information and serious reflection. Perhaps the following brief considerations, by which I have conscientiously endeavored to govern my own conduct, may afford some aid to his decision. Moral truth, in a professional view, has two references; one to the party to whom it is delivered, and another to the individual by whom it is uttered. In the first it is a *relative duty*, constituting a branch of justice, and may properly be regulated by the divine rule of equity prescribed by our Saviour, *to do unto others as we would*, all circumstances duly weighed, *they should do unto us*. In the second it is a relative duty, regarding solely the sincerity, the purity and the probity of the physician himself. To a patient, therefore, perhaps the father of a numerous family, or one whose life is of the highest importance to the community, who makes inquiries, which, if faithfully answered, might prove fatal to him, it would be a gross and unfeeling wrong to reveal the truth. His right to it is suspended, and even annihilated; because its beneficial nature being reversed, it would be deeply injurious to himself, to his family, and to the public. And he has the strongest claim, from the trust reposed in his physician, as well as from the common principle of humanity, to be guarded against whatever would be detrimental to him. In such a situation, therefore, the only point at issue is, whether the practitioner shall sacrifice that delicate sense of veracity, which is so ornamental to, and indeed forms a characteristic excellence of the virtuous man, to this claim of professional justice and social duty. Under such a painful conflict of obligations, a wise and good man must be governed by those which are the most imperious, and will,

therefore, generously relinquish any consideration referable only to himself. Let him be careful, however, not to do this but in cases of real emergency, which, happily, seldom occur, and to guard his mind sedulously against the injury it may sustain by such violations of the native love of truth. I shall conclude this long note with the two following very interesting biographical facts. The husband of the celebrated Arria, Cæcinna Pactus, was very dangerously ill. Her son was also sick at the same time, and died. He was a youth of uncommon accomplishments, and fondly beloved by his parents. Arria prepared and conducted his funeral, in such a manner, that her husband remained entirely ignorant of the mournful event which occasioned that solemnity. Pactus often inquired with anxiety about his son, to whom she cheerfully replied, that he had slept well, and was better. But if her tears, too long restrained, were bursting forth, she instantly retired, to give vent to her grief, and when again composed, returned to Pactus with dry eyes and a placid countenance, quitting, as it were, all the tender feelings of the mother at the threshold of her husband's chamber. Lady Russell's only son, Wriothesley, Duke of Bedford, died of the small-pox, in May, 1711, in the 31st year of his age. To this affliction succeeded, in November, 1711, the loss of her daughter, the Duchess of Rutland. Lady Russell, after seeing her in the coffin, went to her other daughter, married to the Duke of Devonshire, from whom it was necessary to conceal her grief, she being at that time in childbed likewise; therefore she assumed a cheerful air, and, with astonishing resolution, agreeable to truth, answered her anxious daughter's inquiries with these words, 'I have seen your sister out of bed to-day.'"

The falsehood in the two cases related by the author is of the most egregious character, and yet they are fair repre-

sentations of that kind of deception which many feel authorized to use in the sick room. The equivocation which is practised, it is true, is not always as gross and as labored, but it is as real. And whatever be the degree or kind of deception, the same principles will apply to every case.

The question that presents itself is not, let it be understood, whether the truth shall in any case be *withheld*, but whether, in doing this, real falsehood is justifiable, in any form, whether direct or indirect, whether palpable or in the shape of equivocation.

And we may also remark, that the question is not, whether those who practice deception upon the sick are guilty of a criminal act. This depends altogether on the motive which prompts it, and it is certainly often done from the best and kindest motives. The question is stripped of all considerations of this nature, and comes before us as a simple practical question—whether there are any cases in which, for the sake of benefitting our fellow men, perhaps even to the saving of life, it is proper to make an exception to the great general law of truth.

The considerations which will bring us to a clear and undoubted decision of this question, are not all to be drawn from the preciousness of the principle of truth, as an unbroken, invariable, and ever-present principle, the soul of all order, and confidence, and happiness, in the wide universe. But the principle of expediency also furnishes us with some considerations that are valuable in confirming our decision, if not in leading us to it. In truth, expediency and right always correspond, and would be seen to do so, if we could always see the end from the beginning.

I will remark upon each of the considerations as I present them.

First. It is erroneously assumed by those who advocate

deception, that the knowledge to be concealed from the patient would, if communicated, be essentially injurious to him. Puffendorf remarks in relation to this point, that "when a man is desirous, and it is his duty, to do a piece of service, he is not bound to take measures that will *certainly* render his attempts unsuccessful." The certainty of the result, thus taken for granted, is far from being warranted by facts. Even in some cases where there was a strong probability (and this is all we can have in any case) that the effect would be hurtful, it has been found not to be so. I might here narrate some cases to prove the truth of this assertion, but it is not necessary. Suffice it to say, that it is confirmed by the experience of every physician who has pursued a frank and candid course in his intercourse with the sick.

Secondly. It is also erroneously assumed that concealment can always or generally be effectually carried out. There are so many ways by which the truth can be betrayed, even where concerted plans are laid, guarded at every point, that failure is much more common than success, so far as my observation has extended. Some unguarded expression or act, even on the part of those who are practising the concealment, or some information communicated by those who are not in the secret, perhaps by children, or some evidence casually seen, very often either reveals the truth, or awakens suspicion and prompts inquiry which the most skilful equivocation may not be able to elude. The very air that is assumed in carrying on the deception often defeats the object. In one instance where this was the case, the suspecting patient said very significantly, 'How strangely you all seem—you act as if something dreadful had happened that you mean to keep from me.' Even the little child often exhibits a most correct discrimination in

detecting deception in the manner, the modes of expression, and even the very tone of the voice. And sometimes, nay very often, people so far undervalue the good sense and shrewdness of children, that their deception is even ridiculously bungling, and justly excites an honest indignation in the bosom of the deceived child.

I give the following scene as an illustration of the above remark.

'Come, take this,' said a mother to her child, 'it's something good.'

The child was evidently a little suspicious that he was not dealt with candidly; but after a great many assurances from her on whom a child ought to be able to rely, if upon any body in the wide world, he was at length persuaded to take the spoon into his mouth. The medicine, which was really very bitter, was at once spit out, and the little fellow burst forth in reproaches upon his mother for telling him such a lie.

'No, my dear,' said she, 'I have told you no lie. The medicine *is* good—it is good to cure you. That is what I meant.'

'Good to cure me!' cried he, with a look and an air of the most perfect contempt. 'You cheated me. You *know* you did.'

The contempt which this child manifested towards such barefaced equivocation was most justly merited, and yet this is a fair example of the deceptions which physicians are almost every day obliged to witness, and which, (may I not say?) some of them encourage both by precept and example.

Thirdly. If the deception be discovered or suspected, the effect upon the patient is much worse than a frank and full statement of the truth can produce. If disagreeable news,

for example, be concealed from him, there is very great danger that it will in some way be revealed to him so abruptly and unexpectedly, as to give him a severe shock, which can for the most part be avoided when the communication is made voluntarily. And then, too, the very fact that the truth has been withheld, increases, for obvious reasons, this shock. I will relate a case as an example. It occurred during the prevalence of an epidemic. A lady was taken sick and died. The fact of her death was studiously concealed from another lady of her acquaintance, who was liable to be attacked by the same disease. She was supposed by her to be doing well, until one day a child from a neighboring family accidentally alluded to the death of her friend in her presence. The shock which the sad news thus communicated produced upon her was almost overwhelming, and it was of course rendered more intense by the reflection, that her friends thought her to be exceedingly in danger of dying of the prevailing disease, and therefore had practised this concealment in order to quiet her apprehensions. She soon followed her friend, and it is not an improbable supposition, that the strong impression thus made upon her mind had some agency in causing her death.

In another case of a similar character, the first intimation which a lady had of the death of a friend was from seeing the husband of this friend pass in the street with a badge of mourning. She was immediately prostrated upon her bed, and was a long time in recovering from the shock.

In both of these cases the concealment of the truth was prompted by the best of motives—pure kindness; and yet nothing is more plain than that it was a *mistaken* kindness. Whatever may be true in other instances, the result showed this to be the fact in these two cases. And if it be true, as I think all experience will prove, that success, and not

failure, in the attempt at concealment, is the exception to the general fact, it clearly follows that deception is impolitic as a measure of kindness, and therefore, aside from any other consideration, it should be wholly discarded in our intercourse with the sick.

I have a case in mind, which exhibits in contrast the influence of frankness and of deception.

A little girl, the daughter of a farmer, had her arm torn to pieces up to the elbow in a threshing machine constructed very much like a picker. As her mother was confined to her bed with severe sickness, the child was carried into the house of a neighbor. When I arrived, I was told that her mother was in great distress, and fears were expressed that the accident would have a very bad influence upon her case. I asked if she knew what had happened. 'No,' said her husband, 'not exactly. She found out by the children that Mary was hurt, and then sent for me, and asked me what was the matter. I told her at first that she had got her finger hurt. She said she knew that was not all, and I at length, after she had begged and begged me to tell all, told her that her hand was hurt badly. And now she is crying most piteously, and says that we are deceiving her, and that she knows that Mary is almost killed.'

I immediately went in to see the mother, and found her indeed almost distracted with the great variety of dread visions that had suggested themselves to her fancy in regard to her darling child. As I entered the room she cried out, 'Oh, she's dead, doctor, or dying—torn to pieces—in agony—Oh, isn't it so? tell me, tell me the truth!' 'Be quiet,' said I, 'and I *will* tell you all the truth. I will not deceive *you*.' I assured her that she need give herself no anxiety about the *life* of her child—that was safe. This announcement quieted her in a good measure, and I went on to tell her that

the arm was badly torn, and that I must amputate it above the elbow. I told her that this would take but a minute or two, and then the child would be essentially well. It was necessary to go into these particulars in answer to her inquiries, (which were the more minute from the fact that she had been deceived,) or else I should forfeit her confidence, and thus commit the same error that had already been committed. She thanked me for being so frank with her, and said, that though it was hard to think of the operation, she could bear that, if the child's life was only spared. She grieved still, it is true; but there was none of that overwhelming distraction that results from vague apprehension.

Fourthly. The destruction of confidence, resulting from discovered deception, is productive of injurious consequences to the persons deceived. The moment that you are detected in deceiving the sick, you at once impair or even destroy their confidence in your veracity and frankness. Everything that you do afterward is suspected, and a full and unshrinking trust is not accorded to you even when you deserve it, though you may try to obtain it by the most positive and solemn assurances. If, for example, you wish to encourage a patient, and you tell him that though the bow of hope is dim to his eye, it is bright to your own: 'Ah!' he will think, if he does not say, 'how do I know but that it is as dim to him as it looks to me—he has deceived me once, and perhaps he does now.'

Every physician has seen the injurious influence of deception upon children. Sometimes it is of a most disastrous character, and occasionally, I have not a doubt, it proves fatal. Deception is more frequently practiced upon children than upon adults, and many seem to think that they have not the same right to candor and honesty in our intercourse with them. But a child can appreciate fair

and honest treatment as well as an adult can, and he has as good a right to receive it at our hands. He sometimes claims this right in terms, and by acts not to be mistaken. And when it is taken from him, he shows his sense of the wrong by remonstrances and retaliatory language, and by a system of rebellion to an authority which he despises, as well as fears, for its falsehood.

Suppose a mother succeeds in giving a dose of medicine by stratagem, the administration of every dose after it is accompanied with a fearful struggle. The strife which results from the spirit of resistance thus engendered, perhaps in the beginning of a long sickness, and which might in most cases have been avoided by frank and candid treatment, continues through the whole course of the disease to the last hour of life if the case prove fatal, the little creature feebly but obstinately resisting its mother, till the exhaustion of coming death puts an end to its struggles; and, though she plies every art that fondness can devise to win back the lost confidence of her darling child, it is all in vain.

If the reader have any adequate idea of the importance of quietness in the management of the sick, I need not spend time to prove, that this resistance of the sick child has an injurious effect upon the disease, and that in those cases where life has but a feeble trembling hold, where the silver cord is worn down almost to its last thread, such a struggle may break that thread by its violence. I have not a doubt that many a child has died under such circumstances, that might otherwise have recovered.

Let me not be understood to imply that the resistance made by children to the administration of medicine *is in*variably the result of deception practised upon them, though this is the cause undoubtedly in quite a large proportion of the cases, and those too of the worst and most unconquer-

able character. And it may be remarked, that in many cases this may be the cause of the difficulty where it is little suspected. For it is so common a habit to deceive children in this matter, that it is often done unconsciously. But though the parent may not remember it, the child does, and the cruel oppressive act (for so it may be properly called) locked up in the memory of the child, wakes up rebellion in his heart that is not easily quelled. Many a parent has thus in a moment, for the sake of a slight temporary advantage, sown the wind to reap the whirlwind.

Deception has very often been made use of in the management of the insane, though recently not to the same extent that it once was. The consideration which I have been illustrating and enforcing lies against the practice of it in our intercourse with this unfortunate class of patients, with the greater force, because in their case the mind is diseased, and any bad mental influence has therefore a worse effect than it would have upon a case of mere bodily disease. The reason is obvious—it acts directly upon the seat of the disease in the former case, but indirectly in the latter.

Besides, let the insane man once see that you have deceived him, and you lose the principal, perhaps we may say the only, moral means that you have for curing his malady. Confidence is essential to any good moral influence that you may exert upon him. I might cite many facts to prove this, but will advert to only one. The wife of an insane man was the only person among all his friends that had any control over him, and she could manage him with perfect ease. After his recovery she asked him the reason of this fact, and his reply was, 'You was the only one that uniformly told me the truth.'

The bad influence of deception upon the insane man is

rendered the more certain and effectual from the fact that his insanity incapacitates him for appreciating the kind motives which may have prompted the deception. You cannot convince him as you can the sane sick man, that you have deceived him for his own good. His suspicious eye sees nothing but a sinister purpose in the cheat which you have practised upon him.

One of the most vivid recollections of my childhood is that of a scene which illustrates these remarks. A poor crazy man who wandered about the streets was thought to have become dangerous, and it was proposed to confine him in the common jail. A plan was laid to do it by stratagem. He fancied himself to own some large possessions, and talked much about going to Boston to see his friend the governor, and attend to his business there. A neighbor offered to go with him, and he accepted the offer. As they passed by the jail, his friend proposed to visit it. As they entered one of the cells he adroitly slipped out, and the door was closed upon the insane man. His dream of earthly happiness and wealth was in a moment at an end, and he beheld himself the victim of base treachery in the narrow cell of a prison. Never shall I forget how eloquently he pleaded for his release, how he asked what crime could be charged to his account, how he denounced those who had thus without cause shut him up like a felon, and especially with what sorrowful but burning indignation he spoke of the man, 'who under the guise of friendship, had decoyed him into this snare of his enemies.' Though a mere boy, I pitied him. I sympathised with him. I had known him only as a pleasant old man, who used to amuse us as we met him in the streets with stories of his immense wealth and of the splendid plans of building on which he loved to speculate. I felt that it was wrong to confine

him among vile criminals, and wondered not that the keen sense of such injury prompted to the utterance of curses on those who inflicted it. But these natural feelings gave way in my bosom, as they did in older ones, to what was then supposed to be the necessity of the case—a necessity which, I rejoice to say, has since that been found not to exist in similar cases. A very great improvement has been effected in this as well as in other respects, in the management of the insane. Most of those whom it was once thought necessary to confine with bolts and bars, and perhaps chains, and upon whom deception was continually and systematically practised, thus adding poignancy to the pangs of the oppressed spirit, are now permitted to have so much liberty, that they are cheerful and happy, reposing entire confidence in their attendants, who are careful never to deceive them. And those whom it is thought necessary to confine, are not doomed to the cheerlessness and disgrace of the cell of the felon, but they are placed in as agreeable circumstances as is consistent with safety. And it has come to be an established rule with those who have the care of the insane, that force is always preferable to deception. But still, erroneous views are very prevalent in the community on this subject. It is common to this day, even among the excellent and well informed, to propose to send their insane friends to a Retreat by stratagem, and this has often been done even by the advice of physicians. So far as I recollect, in all the cases of insanity that have gone to Retreats from under my care, this mode of management has been spoken of by some, and generally by many, as the only proper mode. The public need to be instructed and reformed on this point.

It is a common observation that the insane are apt to look upon their best and most intimate friends as their

enemies. Why is this? It is clear, that it is in part to be ascribed to the influence of deception, waking up, as might be expected, feelings of resentment and enmity in the bosom of the insane, which would not otherwise be there. This point I have commented upon in the Chapter on Insanity, and I need not dwell upon it here.

The extent to which deception is practised upon the insane cannot be fully appreciated, except by those whose attention has been specially called to this subject. As I have already remarked in regard to children, so also it is with the insane—deception is so common, that people often make use of it almost unconsciously. The whole course of management on the part of their friends, is often characterized throughout by an absence of candor and veracity.

The tendency of such a course is invariably to increase insanity, making it more intense and obstinate. And not only so, but it modifies to a greater or less degree its character. Deception prompts the insane man to exercise his ingenuity in forming plans to foil and circumvent his deceivers, whom he supposes very naturally to be his enemies. Of course, new feelings and thoughts are thus excited in his bosom, giving in some measure a new cast to his insanity.

I will here relate a case that illustrates these remarks.

The friends of an insane gentleman determined to send him to a Retreat by stratagem. For this purpose, he was induced by one of them to go a journey with him. On their way, his friend proposed to him to visit an Insane Retreat as a matter of curiosity. When they arrived there, he was given to understand that he was to remain as an inmate. Great was his rage at being so grossly deceived. After the first burst of indignation was passed, he saw that it was of no use to say anything or to make any resistance. He was a shrewd man, and therefore, as a matter of policy,

he submitted with apparent cheerfulness to his new situation. He did not forget, as the insane sometimes fortunately do, the wrong which his friends had done him, and as he was decoyed there by stratagem, it is no wonder that he at length made his escape by stratagem also. He came out, as might have been expected, with his insanity more thoroughly fixed than it was when he went in, and he added to it a deep hatred of Retreats, and of course of the man who had betrayed him into one.

Another attempt was made to carry him to the same Retreat, which from mismanagement utterly failed. The insane man was victorious, and he felt himself to be so, over his friends, who he supposed were bent upon cheating and oppressing him. All this not only made him more crazy, but it gave a new shape to his insane ideas. In a conversation which I chanced to have with him, he said to me, 'It is perfectly evident, doctor, that these Insane Retreats are joint-stock institutions, and the stockholders are chiefly lawyers and doctors and ministers. And it's good stock too. Just see how much they charge for board—full double at least of the actual expenses. I need not tell you anything about it, however, for you own some of this stock, and you know how profitable it is to you.'

'Oh no,' said I, 'this is all new to me.' He looked at me as if he would look me through. He had been deceived so much, that he believed, he trusted no one. Although I gave him the most positive assurance that I owned no such stock, still, in spite of the confidence which he ordinarily reposed in me, he showed that he did after all suspect me on this point, so firmly was this notion about Retreats fastened in his mind. He went on to give his reasons for his opinion.

'I can look back,' said he, 'to my very childhood, and see that from that time to the present, there has been a series

of efforts on the part of these stockholders to make me a crazy man; and they at length succeeded, and then contrived the mean plan of tricking me into one of their Retreats. The minister that I lived with when I was ten years old began this scheme, and all the ministers and lawyers and doctors, that I have had anything to do with since that time, have had a hand in it—have exerted their influence on me, all in relation to this one object. It's a regular money-making business. Of course the stockholders all want to see these Retreats well filled up. Just see how they have treated me lately. They have combined to cross my purposes, break up my plans, defeat my projects, ruin my business, and all this to irritate and disappoint me, and thus craze me. And then, to cap the whole, they lied to me and betrayed me into their prison to die a slow death, paying them all the time about twelve dollars a week. Good stock, doctor, but a cruel business,' said he, with a most unearthly grin, and a shudder that shook his whole frame. 'But thank heaven,' cried he, 'I've escaped their clutches. Though they have ruined me, they shall not have their twelve dollars a week out of me. No, I'll die first. Such systematic, cheating, lying oppression, I'll resist to the death.'

It is evident that the treatment which this man received at the hands of his friends, tended to aggravate, instead of lessening his insanity. And I may remark, too, that the notion which he derived from this treatment, in relation to Retreats, false as it was, was founded on more plausible reasons as they were presented to his mind, than are some of the opinions that are adopted by some sane men in the community.

Fifthly. The *general* effect of deception, aside from the individual which it is supposed it will benefit, is injurious.

The considerations on which I have already remarked, have had regard entirely to the person that is deceived, and I think that I have shown most clearly, that even taking this narrow view of the influence of deception, it is in almost all cases a bad influence: and therefore as we cannot tell in what cases this influence will be good, it is impolitic, and should be entirely discarded. Let us now go farther, and looking beyond the individuals who are the subjects of the deception, we shall see its influence extending all arouud from these individuals, as so many radiating points of influence, leavening the whole mass of society with a most poisonous leaven. It is not an influence that can be shut up in the case of any individual, in that one breast, or within that one chamber of sickness.

That confidence, which should always exist in the intercourse of the sick with their physicians and friends, and which may be made the channel of great and essential benefits to them, is materially impaired, often even destroyed by such deception. And this effect is unfortunately not confined to those who practice it, but the imputation rests upon others. The distrust thus produced often exerts a depressing influence in those cases, where the cordial influence of hope is most urgently needed, and where it can be administered in consonance with the most scrupulous veracity. It is well if, under such circumstances, the physician can appeal to the patient's own experience of his frankness in all his previous intercourse with him.

I call to mind an instance in which I was able to make this appeal with the most marked good effect. The patient was a lady who was in a great state of alarm in regard to the probable result of her sickness. She was indeed very sick, but there was good reason to hope that remedies would relieve her. At the same time I feared that the depressing

effect of this state of alarm, if it should continue, would prove a serious obstacle to her recovery. But as I expressed to her the confident hope that she would get well, she said to me, 'Physicians always talk in this way, and you do not really mean as you say. I shall die, I know that I shall die.' I had been the physician of the family for many years, during which time they had gone through some trying scenes of sickness. Alluding to all this, I asked her if she could look back and call to mind a single instance in which I had not dealt candidly and frankly with her. She allowed that she could not. 'Well,' said I, 'believe me *now;* I *am* in earnest; I do believe, and confidently, too, that you will recover.' The tears were at once wiped away. Cheerfulness, the cheerfulness of hope, lighted up her countenance and the case went on to a speedy and full recovery.

Every day we see evidence of the fact that so large a proportion of the medical profession practice deception upon the sick, that the profession, as a whole, has to a greater or less degree the imputation fastened upon it. Indeed patients often, as a matter of course, make the distinction between the obligations to professional veracity, and those of the man, as a man, in his ordinary intercourse; and the physician, who has an established reputation for the strictest veracity everywhere else but in the sick chamber, has there the suspicion of deception put upon him; and it is supposed to be no imputation of which he should complain, because deception is allowed here almost by general permission. For this reason, whatever of frankness and honesty there may be in our intercourse with the sick, often fails to produce the effect intended, in part at least if not wholly. And this result follows just in proportion to the extent to which deception is made use of in the profession.

The indirect and collateral effects of deception are often manifest in a family of children. Its influence extends beyond the mind and character of the deceived child. If the other children witness the deception, what hinders them from believing that their parents can deceive them also whenever it suits their convenience? And if they do not witness it, the sick child will remember it when he recovers, and the rebellion which he has, in consequence, in his bosom towards an authority that rules by deceit, and is therefore deemed with good reason oppressive, is of course communicated to the other bosoms of the little flock. Many a parent, who supposed that he was doing nothing that would last beyond the present moment, has thus sown the seeds of rebellion among the little band of subjects, over whom God has placed him; and who can tell what the fruits will be, or to what extent or length of time they will grow!

I need barely say in concluding my remarks on this consideration, that the momentary good which occasionally results to *individual* cases from deception, is not to be put in comparison, for one moment, with the vast and permanent evils of a *general* character, that almost uniformly proceed from a breach of the great law of truth. And there is no warrant to be found for shutting our eyes to these general and remote results, in our earnestness to secure a particular and present good, however precious that good may be—a plain principle, and yet how often it is disregarded.

Sixthly. If it be adopted by the community as a common rule, that the truth may be sacrificed in urgent cases, the very object of the deception will be defeated. For why is it that deception succeeds in any case? It is because the patient supposes that all who have intercourse with him deal with him truthfully—that no such common

rule has been adopted. There is even now, while the policy on this subject is unsettled and matter of dispute, enough distrust produced to occasion trouble. And if it should become a settled policy under an acknowledged common rule, the result would be *general* distrust, of course defeating deception at every point. And yet if it be proper to deceive, then most clearly is it proper to proclaim it as an adopted principle of action. Else we are driven to the absurd proposition, that while it is right to practice deception, it is wrong to say to the world that it is right.

It is in vain to say that the evil result which would attend this adoption of occasional deception, as the settled policy of the medical profession, would find a correction in the very terms of the rule which should be adopted, viz. that the case must be an urgent one to warrant deception, and there must be a fair prospect that it can be carried through without discovery. For every patient, that was aware of the adoption of such a rule, might and often probably would suspect that his own case is considered as coming within the terms of the rule.

Seventhly. Once open the door for deception, and you can prescribe for it no definite limits. Every one is to be left to judge for himself. And as present good is the object for which the truth is to be sacrificed, the amount of good, for which it is proper to do it, can not be fixed upon with any exactness. Each one is left to make his own estimate, and the limit is in each one's private judgment, in each one's individual case as it arises. And the limit, which is at first perhaps quite narrow, is apt to grow wider, till the deception may get to be of the very worst and most injurious character. I will give a single illustration of this remark, which though not taken from the practice of medicine, is appropriate to my purpose. It has always been

allowed in the laws of war, to deceive the enemy by stratagems, false lights, &c. At one time some English ships in two or three instances decoyed the enemy by counterfeiting signals of distress. The deception in this case is productive indirectly of the very worst consequences, for it manifestly tends to prevent relief from being afforded to those, who are actually in a distressed condition. Our feelings of humanity instinctively condemn such a stratagem and yet it is only a mere extension of that deception, which has been by common consent allowed in war. It involves no different principles, and is only more objectionable, because it produces worse indirect results. It differs in degree only and not in kind.

So it is with deception always. Its indirect effects are always bad to some extent, and to what extent they will prove so we know not in each individual case. You can never know at the time how great is the sacrifice which you are making for a present good. While you may be thinking that you are only sacrificing your own veracity, and that the influence of the act will not extend beyond the passing moment, you may be producing disastrous results upon the interests of others, and those results may be both lasting and accumulative. A man who was captured by some Indians, was asked by them if there were any white men in the neighborhood. He told them that there were, and directed them to a spot where he was very certain that there were none. They immediately started in pursuit, leaving him bound and in the charge of one of their number. When they were gone, he contrived to make his escape. Almost every one would say, that this was a strong case, and that they could not blame him for telling a falsehood to Indians, in order to escape from their cruelty. Here was a great good to be obtained, the saving himself from

torture, perhaps from death, and deceiving savages for such a purpose, it will be said, is not to be condemned. But mark the result of that deception. Five white men were found on the spot to which he directed them, and were captured.

In order to make out a justification of deception, on the ground of expediency in any case, all the possible results, direct and indirect, must be taken into the account. But this is impossible except to omniscience itself. Even in those cases which appear the most clear to us, there may be consequences of the most grave character utterly hidden from our view. In the instance just related, the captive was very certain, from some circumstances, that he directed his captors to a spot where there were no white men.

The uncertainty of our knowledge of the circumstances of each case prevents then our defining any limits, within which deception shall be bounded. We can make no accurate distinctions, which will enable us to say, that it can be beneficially employed in one case, while in another it will be inexpedient.

I have now finished the examination of the various considerations which have been suggested to my mind in relation to this subject. And I think that they settle the question as to the expediency of deception beyond all doubt. I think it perfectly evident, that the good, which may be done by deception in a *few* cases, is almost as nothing, compared with the evil which it does in *many* cases, when the prospect of its doing good was just as promising as it was in those in which it succeeded. And when we add to this the evil which would result from a *general* adoption of a system of deception, the importance of a strict adherence

to truth in our intercourse with the sick, even on the ground of expediency, becomes incalculably great.

In the passage, which I quoted in the beginning of this article from Percival's Medical Ethics, the writer makes, I conceive, a false issue on the question under consideration. He assumes that the injury, which results from a sacrifice of the truth for the good of the sick, comes upon him who practices the deception, and that in doing it, "he generously relinquishes every consideration referable only to himself." But the considerations that I have presented show, that the injury is very far from being thus confined. Often the very person intended to be benefited is injured, perhaps deeply, in some cases even fatally. And then the indirect effects can not be estimated.

There are many illustrations, used by those who advocate deception, which are plausible but fallacious. I will cite a single example. Dr. Hutcheson of Glasgow, as quoted by Dr. Percival, in remarking on the maxim, that we must not do evil that good may come, says, "Must one do nothing for a good purpose, which would have been evil without this reference? It is evil to hazard life without a view of some good; but when it is necessary for a public interest, it is very lovely and honorable. It is criminal to expose a good man to danger for nothing; but it is just even to force him into the greatest dangers for his country. It is criminal to occasion any pain to innocent persons, without a view to some good; but for restoring of health we reward chirurgeons for scarifyings, burnings, and amputations."

I would remark on this that the infliction of pain is not in itself a moral act, but the purpose for which it is done gives it all the moral character that it has. Aside from this, it affects no moral principle, as the infliction of an

injury upon truth certainly does, independent of the object for which it is done. The infliction of pain then for a good purpose can not be said to be doing evil that good may come—it is doing good.

The sacrifice of life which the writer speaks of, is the sacrifice of a less good for a greater one simply, and not the sacrifice of any principle. But when the truth is sacrificed for what is deemed to be a greater good, it is in fact the sacrifice of a greater good, for not only a less, but an uncertain good—a sacrifice of the eternal principle, which binds together the moral universe in harmony, for a mere temporary good, which after all may prove to be a shadow instead of a reality.

I can not leave this subject without making some explanations of a few points, in order to guard against some erroneous inferences to which the sentiments that I have advanced might otherwise be liable.

I wish not to be understood as saying that we should never take pains to withhold knowledge from the sick, which we fear might be injurious to them. There are cases in which this should be done. All that I claim is this—that in withholding the truth no deception should be practised, and that if sacrifice of the truth be the necessary price for obtaining the object, no such sacrifice should be made. In the passage which I have quoted from Dr. Percival, he states a case in which he very properly says, that the patient's right to the truth is suspended; but I do not agree with him, that in withholding the truth we have the right to *put absolute falsehood in its place.*

It is always a question of expediency simply, whether the truth ought to be withheld. And it is a question that depends, for its proper decision, upon a variety of considerations in each individual case. It is very often decided

injudiciously. There is generally too great a readiness to adopt an affirmative decision. It is too easily taken for granted, that the knowledge in question will do harm to the patient if it be communicated to him. The obvious rule on this subject is this—that the truth should not be withheld unless there be a reasonable prospect of effectually preventing a discovery of it, and that too by fair and honest means.

It has often been said that the physician has no right to excite too much hope in the mind of a patient by directing his attention, as is often done, to any favorable symptoms that may appear in his case. But I ask, how is it known that in the case in relation to which this remark is made, too much hope is excited? The physician is fallible, and is by no means answerable for putting just the right degree of hope into the patient's bosom. It is not to be expected of him that he shall always tell each patient just how his case stands. His own mind is often filled with conflicting hopes and fears, and he cannot decide clearly what the probabilities are in many cases. And if he thinks that he can do so, he may be very much mistaken. Estimates are often made most unwarrantably. An exactness is often aimed at which is impracticable. The patient in many cases has no right to such an estimate, for while it may be a mere guess, he may look upon it as a well-founded estimate, made upon a real knowledge of his case. He will therefore draw false inferences from it, and this the physician is bound to prevent, and in so doing he actually prevents deception.

The physician should always remember that though he may be aware himself of his liability to err in making any such estimate, the patient may have such confidence in his judgment, that he will consider the opinion which he may express to be of course a correct one—almost beyond the

possibility of a mistake. So that however guarded he may be in expressing an unfavorable opinion of the probable issue of any case, that opinion may have too much weight in the patient's mind.

It is by no means true that all direct questions on the part of the sick must be directly and fully answered. For example, suppose the patient asks the physician, "Do you think on the whole that I shall recover"—a question that is sometimes asked under very embarrassing circumstances. If the physician thinks that he will probably not recover, he has no right to say to him that he will, for this would be falsehood. But he has a right, and it is his duty if he thinks it for the good of the patient, to withhold his opinion from him, if he can do it without falsehood or equivocation. He may say to him something like this: "It is difficult to decide that question. Perhaps it is not proper for me at this stage of your case to attempt to do it. You are very sick, and the issue of your sickness is known only to God. I hope that remedies will do so and so (pointing out somewhat the effects ordinarily to be expected) but I cannot tell." Something of this kind, varied according to the nature of each case, especially in the amount of hope communicated, it is perfectly consistent with truth and good faith to say; and very often when more is said, even in very dangerous cases, the physician goes beyond the limits which infinite wisdom has thought best to set to his knowledge. It is very common, as the reader has already seen in the preceding chapter, for persons to recover, particularly in cases of acute disease, when the physician had supposed that they would die. This fact should make him somewhat cautious in giving definite opinions to the sick in relation to the probable final result of their sickness.

CHAPTER XVIII.

MORAL INFLUENCE OF PHYSICIANS.

The relation which the physician sustains to the community is a peculiar one. No other man has so free access to so many families among all classes of society. He is admitted into the very bosom of the families upon which he attends, even of those that receive other visitors with a distant formality. So much is this the case, that most persons have the feeling that their physician is a sort of confidant, and on that ground they are willing that he should see and hear, in his daily intercourse with them, what would be improper to be seen and heard without the confidence of intimate friendship. And when that confidence is abused, as it sometimes is by the tattling and the unprincipled physician, how gross the abuse, and how keenly is it felt by those who have, as a matter of necessity, reposed the confidence! I say as a matter of necessity, for the very nature of the intercourse of the physician with his patients is such as to make this confidence necessary. And the necessity is recognised by both parties. The physician knows that it is expected of him, that he will pay the most scrupulous regard to the principles of honor which have relation to this necessity, and that any discovered infraction

of them on his part will materially injure his professional character. He feels this instinctively; and it is this feeling which is generally an effectual safeguard against abuse of confidence, when the patient chances to be under the care of a physician who is devoid of moral principle.

In the above remarks, I do not refer merely to the secrets which, either from choice, or necessity, are so often entrusted to the physician by his patients. But I refer to the confidential character which marks his *whole* intercourse with them, extending to all the little nameless acts which make up that intercourse. He enters the dwelling of the sick as if he were one of the family, and the very office that he is to perform disarms all formality, and pre-supposes intercourse of the most familiar character. The patient is to speak to him not of a foreign subject, nor of some one else, but of himself, of his own body, of its pains and ailments, and that too with sufficient minuteness to communicate an adequate knowledge of his case. In doing so, he calls into exercise not only the scientific acumen of the *physician*, but, mingled with this, the sympathy of the confidential *friend*. If he has been the physician of the family for any length of time, and has been with them in many scenes of suffering, ready to relieve, so far as in him lay the power to do it, this feeling of affectionate reliance is deep and ardent; so much so, that it is a severe trial to the sensitive mind to be obliged to consult a stranger, even though there be nothing in the case to disturb the most refined and scrupulous delicacy. Especially is this so when the patient is a female. In her case the confidence reposed is of the most sacred character. And shame be to the physician who dares to trifle with it—who dares to offend in any way the delicacy of a patient, whom necessity has placed in such near relationship to him. It is principally this relationship, which

the physician holds to the mothers and daughters of the families upon which he attends, that introduces him, if he be a man of honor and principle, as the esteemed and loved friend into the very *bosom* of those families.

One circumstance, that makes the intercourse of the physician with his patients familiar and intimate, which I have as yet barely hinted at, merits a more particular notice. I refer to the sympathy which he has felt with them in their seasons of suffering, anxiety, and affliction. It has sometimes been said, that the physician, from his familiarity with scenes of distress, becomes unfeeling, and incapable of sympathizing with others. This may be true of him, if he from the first look at the sufferings of his fellowmen only as a source of emolument to himself. If at the onset he enthrones this perfectly selfish and therefore hardening principle in his bosom, he will of course become devoid of sympathy and benevolence. But if he does not this strange violence to his natural sympathies, but lets them flow out, as he goes forth on his daily errands of relief and mercy to high and low, to rich and poor, and especially if he be faithful to the poor who can give him nothing but their blessing and their prayers, his sympathy and kindness will be so often drawn out, and under such a variety of circumstances, that they will become more tender and active, instead of being blunted and repressed. True, he will not have that mawkish sensibility which vents itself in tears, and sighs, and expressions of pity, but stops short of action, or, if it ever reaches forth its hand, does it but fitfully, and with none of that steadiness so essential in giving relief and support to soul or body in its feebleness and suffering. If he ever had any of such romantic and unpractical sensibility, he has cast it off in his actual service in the fields of benevolence, into which his profession has necessarily led

him. He has learned over and over, the lesson of *active* sympathy. He has learned it often under circumstances of discouragement, and sometimes without even the show of gratitude being offered to him. He has learned it, I am glad to say, (and I say it with some tender recollections,) with signs of gratitude in his patients, which are not to be mistaken—with the blessing of those who were ready to perish, but who were saved by his timely and persevering exertions. He may appear to the casual observer to have merged the feelings of the man in those of the physician—to have surrendered his humanity to the cold and stern demands of science. He may seem to be devoid of sympathy, as he goes to work midst scenes of suffering, without a tear, or even a sigh, performing his duties with an unblanched face, a cool and collected air, and a steady hand, while all around are full of fear, and trembling, and pity. Yet there *is* sympathy in his bosom, but it is *active*. It vents itself in the right way—in doing. There *is* feeling there. It is not destroyed, but its manifestations are *under control*. It is from this power of control which he has acquired, that the physician or surgeon may appear to others to be utterly without feeling, even when a tide of emotion may be pressing his heart almost to bursting, because he knows that a valuable life is hanging upon those very exertions, which he is making with all the seeming coolness of indifference.

I have said that the feeling of the physician vents itself in action. Before that action begins, his emotions are often oppressive, more so than those of the by-standers; for he knows all the difficulties and dangers of the case, and sees the very points which should excite anxiety. Watch him while preparing for a serious operation. Though he may appear to the careless observer perfectly cool and undis-

turbed, you may see in his unguarded moments a betrayal of the strong under-current of feeling, which he endeavors to conceal. The occasional sigh, followed perhaps by an incidental remark to a by-stander, as a diversion to his feelings, just as the boy whistles to destroy his fear, the compressed lips, the slightly trembling hand, as he busies himself in making his preparations, thus finding relief to the pressure of the excitement within by external acts, some of them perhaps needless—these and other signs show it. And these signs may appear up to the last moment of delay. But the instant he begins the operation, they are gone. The hand may tremble till the knife touches the flesh, and the blood begins to gush; and then it is firm, for his feelings have now found relief in *action*.

Perhaps it will be said that there is conclusive evidence, that the tendency of the practice of medicine and surgery is to harden and destroy feeling, in the fact itself, that, when the physician comes to act, his natural sensibilities give place to the mere excitement attending the different steps of that action. In reply to this I say, that it an error to suppose, that because feeling is relieved for the moment by diversion of the mind into another channel, it is of course hardened, or destroyed. Feeling may and does resume its hold when the action ceases; and, if the action ends in relief, it manifests itself in a different form—in a joyful and triumphant, in place of a sad and anxious sympathy. And this change in the character of the sympathy has a tendency to strengthen rather than lessen the natural sensibilities of the heart. He who has year after year sympathized with his patients in their sufferings, and then has rejoiced with them in their deliverance—a deliverance of which he has himself been instrumental—must be possessed both of a more deep, and a more active sympathy, than when he

began his career of usefulness. This result is in consonance with the laws of our nature. While the mere sight of suffering, without any attempt to relieve it, often repeated, manifestly blunts the sensibibilities, and hardens the heart; it is, on the other hand, the invariable effect of the effort to remove the distresses of our fellow men, to make our sensibilities more deep and more tender. Our interest in the effort, our joy in its success, our lamentation over its failure, the common cause which we make with the poor sufferer, tend to produce this effect.

In this connection I will notice an error which is very common. Persons who are not accustomed to look at wounds, or witness scenes of sufferings, are apt when they do so to have certain effects produced upon the physical system, which are so well known, that I need not describe them. The error consists in supposing them to be evidences of feeling and sympathy, and the process of overcoming them to be necessarily a hardening process. They are effects produced in the nervous system, and have a mere incidental, and not an essential connection with the moral sensibilities. It is well known that all are not equally susceptible of these effects, and the degree of susceptibility is far from being an index of the degree of sympathy in each individual. I have known many men, who had little of true tenderness and kindness of feeling, faint away at the sight of blood, while others with hearts overflowing with tenderness, and a hand ever extended in active sympathy to the needy and suffering, under the same circumstances were entirely unaffected. The possession of this susceptibility has therefore no necessary relation to the moral character. They who exhibit it are commonly spoken of as being 'tender-hearted,' and yet there is nothing in this quality which is inconsistent with the most wanton cruelty,

or the most abandoned vice. Neither has this susceptibility any necessary relation to physical courage; much less to moral courage. Many, who possess it to a great degree, have nevertheless uncommon physical courage, so that though they would turn pale at the sight of a cut finger, they would face the cannon's mouth without fear, and in the excitement of battle, the flow of blood and the groans of the wounded, would be unheeded. While on the contrary, there are many, who are unaffected by the sight of blood and suffering, in whom the idea of personal danger would at once blanch the face and make the knees to tremble.

It is the conquest which the physician obtains over this nervous susceptibility, of which I have been speaking, that has given rise to the erroneous impression, that the practice of medicine and surgery necessarily subjects the heart to a hardening process. But you have seen, that while he is acquiring this self-control, his sympathy with suffering is becoming all the time deeper and livelier, by the exercise of that active benevolence to which his profession calls him. It is only the physician who refuses to yield to this call, and pursues his profession as a mere trade for self-aggrandizement, that blunts his sensibilities, and hardens his heart.

Sustaining then, as the physician does, so intimate a relationship to his patients, and sympathizing so deeply, as they feel that he does, with them in their trials, and sufferings, and joys, his opportunities for influencing those around him for good or for ill must be greater than fall to the lot of most of those who occupy commanding stations in society. He cannot avoid exerting a wide and an effectual influence. It can be said emphatically of him, that every act which he does, every word that he drops, is seed which will surely produce fruit, and it is seed which he sows with

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a broad cast. The advice which he gives, the opinions which he expresses, and the example which he sets, have a double force from the fact, that the intimacy and sympathy which exist between him and his patients unlock the heart, and his influence finds no repulse in entering there.

Every man has more influence in his own little community at home by his own fireside, than he has abroad in the great community around him. Familiarity, mutual confidence, and sympathy, are the obvious causes of this. But the physician may in a measure, as you have seen, be said to be at home everywhere, by everybody's fireside, in the mansion and in the cottage, in the garnished chamber of the wealthy, and in the humble and comfortless garret of the poor. It is a matter of every day's occurrence, that he should be at home in all these varied scenes, and he acquires a tact in accommodating himself to them, and to the endless diversity of character which they present. Wherever he goes he enters the family circle, as I have before said, without that formality which attends the reception of other visitors. He is received ordinarily without any preparation, and at any hour when necessity calls for it. He sees his patients, too, in every variety of situation, and in just those circumstances which are calculated to develope and exhibit character. He sees them in their unguarded moments, and when sufferings and trials of every variety, from the great calamity down to the most trivial disappointment, are acting upon them as tests, searching and sure. He sees much that glitters before the world become the merest dross in the sick chamber; and he sees too the gold shining bright in the crucible of affliction. He sees human passion in every form and condition; implacable hatred, and love stronger than death; fallen virtue, and virtue tried

and proved; mental and moral strength inconceivable, and childish imbecility in the once mighty and great; hope beaming bright with heavenly lustre, and ghastly fear and black despair; unbounded power of endurance, and the crushing of the once buoyant spirit by even light calamities—every feeling, or passion, or quality, or condition, that can be imagined, in every possible variety of phase and degree, is displayed to his view.

No one then has better and more various opportunities for studying human character than the physician: and he adds every day from this source to the storehouse of his experience. I need not spend time to prove, that this knowledge of character thus acquired confers upon him a means of influence which he otherwise could not have. It not only gives him a tact in influencing men generally; but in individual cases, the revelations of thought and feeling which he has witnessed at the fireside or in the sick room, made in the free and unguarded moment, under the application of faithful tests, afford him such an insight into the character, that he knows just what chord to strike, to produce the effect which he desires. He needs not to feel his way to the heart. He has already learned it. He knows just what motives will act with the most certainty, and needs not to make any random experiments.

What responsibility then rests upon the physician! How careful should he be in the expression of his opinions! At what high ends should he aim in his daily example! How important that he should be right upon the great moral questions which agitate the community, and that his morality should be strictly that of the Bible!

Too often is it the case, that the physician, who professes to be governed by principle, exerts no such commanding influence, as his relations to his fellow men enable him to

do; but, as a matter of policy, avoids committing himself decidedly and openly upon those subjects which occasion any diversity of opinion in the community. Those who thus for selfish ends fail to meet the full responsibilities of their station, do not, indeed, like the unprincipled, undertake to please everybody (a contemptible course, and commonly a profitless one) but they at least make it a main point to displease no one. In so doing, it is true, they make no direct attack upon principle, and inflict no positive injury upon the moral interests of society; but they are guilty of a sacrifice of principle, and they neglect to do the good which it is in their power to do. Suffice it to say, that while the physician should not court opposition by any needless attacks upon the opinions and prejudices of others, for this would impair his usefulness, a dignified and firm expression of his sentiments, and a decided influence for good upon every great moral question, we have a right to expect from one who has so great a share, as the physician necessarily has, in moulding the character of society.

Take, for example, the great moral question of Temperance, which has for so many years agitated the community, and upon which there has been so great a difference of opinion. It is difficult to conceive that a physician, possessed of the ordinary feelings of humanity, should fail to be decided on this subject, either in his opinions, or his influence. No man has had so varied and extensive opportunities of witnessing the ravages of intemperance. It is not an *occasional* visit that he has made to the miserable home of the drunkard. It is not *occasionally* that he has heard from trembling lips the tale of woe, and seen its painful and often hideous signs. It has been with him an almost every day occurrence. Misery on every hand has made its appeal to him. And if he has allowed his desire for pop-

ularity to hinder him from heeding such touching and frequent appeals, it is not too much to say to him, that he has been shamefully recreant to the dictates of humanity, and that he will have to render a large account of neglected opportunities of doing good.*

No one has more frequent opportunities than the physician for acting as a peace-maker, an office which is very much needed, but which few are inclined to take. There are always many, who are willing to act as peace-makers in gross and palpable cases, when an actual quarrel has burst out, and threatens a great and manifest damage to the community, who yet may do nothing to repress the petty jealousies and the slight contentions, which are generally the cause of the greater commotions that heave up the very foundations of society. But the true peace-maker is doing his work at the fountain head, at the very beginnings of strife—not only when urgent occasions call for it, but from day to day, in every circle, by every fireside that he visits. Every day he sees the risings of ill-feeling, envy, jealousy, and discontent; and he calms them down by an influence so gentle and charm-like, that it is scarcely observed. A small thing, a word, a look, may often put out the spark which is about to light the destructive train. How few

* Our profession, to its honor be it spoken, has as a whole, done much for the cause of temperance. "Dr. Rush," says Dr. Stevens, "paved the way to the great TEMPERANCE reform, and that cause, at a later period, had no advocates more powerful than Dr. Sewall of Washington, and Dr. Watts of New York, formerly President of the College of Physicians and Surgeons. Among the living it now reckons Dr. Warren of Boston, and Dr. Muzzy of Cincinnati, and a host of other medical men." It gives me much pleasure to state in this connection, that at the great entertainment given by the physicians of Massachusetts to the National Convention, at which there were more than six hundred present, 'the feast of reason and the flow of soul' were ample and rich without the aid of the intoxicating cup.

there are in this world of jealousy and contention, who are ready to utter that word, or bestow that look, and how many who will fan the spark of strife into a blaze, or will at least let it alone, and take no pains to put it out.

The physician in his intercourse with his patients has so much of the free familiarity of home, that he can see these sparks of contention, as they kindle up here and there, more quickly than others can. Thought and feeling are often revealed to him unconsciously, and the very fountains from which they rise are almost open and naked to his view, and, I may add, to his influence also. If he then be a man of peace, he can do much from day to day in repressing those thoughts and feelings, almost in their nascent state, which, if encouraged, would distract and divide family circles, neighborhoods, and perhaps communities. If, on the other hand, he is not a peacemaker, but has an ear ever open to the tongue of scandal, and is himself a tattler—if he is ready to secure his own aggrandizement by injuring his competitors, and is therefore disposed to rejoice in the misfortunes of others, he scatters the seeds of contention wherever he goes, and the peculiar relation which he sustains to a large portion of the community enables him so to scatter them, that they will be sure to take root, and grow, and produce an abundance of fruit.

This leads me to say that it is especially true of the physician, that the most of his influence lies in the little hourly acts, and in the familiarly, perhaps carelessly, dropped words, which make up the chief part of his life, and not so much in the opinions which are formally expressed, or in the acts which obviously follow deliberate consideration. This is true to a great extent of every man who mingles in society with the ordinary degree of freedom. They indeed, who move about among their fellow-men with as little

familiarity or sympathy as a recluse, have but little influence, and that only when they utter their formal opinions. But the occupation of a physician necessarily puts him at the very antipodes with the recluse. Even if he be disposed to shut up his heart against his fellow men, and to make his intercourse with them of a strictly scientific character, his bosom will very soon be unlocked, or he must give up his profession. The fountains of sympathy and feeling will be unsealed by the potent influence of daily intercourse with human suffering and joy. He cannot from day to day administer to the relief of distress without sympathy, and that sympathy cannot always be suppressed. It will gush forth, and the frigid man of science will become the kind and familiar friend. Mingling then, as the physician necessarily does, so freely and intimately with the world around him, it must be eminently true of him, that it is the spirit of the man, as it breathes forth in his common every day words and acts, even in his very manner, that really gives the character to his influence. So that if he be not forward to speak out his sentiments, or to give his advice, the sentiments which he has, and the advice which he would give, are as well known, as if he uttered them. It is in truth this aggregate influence (as it may be called) of his daily life in the many homes to which his profession gives him admittance, that imparts force to his advice, and opinions, and acts.

I have as yet said nothing especially of the influence of the physician in the *sick room.* Here he treads upon sacred ground, and has to do with the issues of life and death, both temporal and eternal. Here he sees man in the weakness of his humanity, 'crushed before the moth,' but often, too, in the strength of his immortality. Here he is made a witness of the frailty of the tenement, which the

immortal spirit inhabits—he sees that its 'foundation is in the dust.' He has communion with the spirit in its most momentous hours—while it sees the walls of its habitation crumbling into dust, and lingers about the ruins before its final flight into a world of light or darkness, of joy or of woe—or perhaps, while with longing desire, and occasional hope of its longer continuance here, it trembles with the fear that it is about to be driven from its home in this tabernacle, whose frailty is now staring it in the face—and then too, there are times when he has converse with it as it is becoming reinstated in the possession of its habitation by gracious permission of its builder, who alone can repair it and redeem it from destruction. Communion with the spirit of man in such momentous seasons, how hallowed should it be! Trifling, selfishness, disregard of principle, how out of place are they here!

It is not my design to enter fully into a discussion of the moral and religious duties, which devolve upon the physician in the sick room. I choose rather to refer the reader for instruction on these points to the excellent letters of Dr. Burder, an English physician, which I have introduced in the Appendix. I shall therefore only notice some of the errors which are prevalent on this subject.

The great object of the physician should be to cure the patient. This is his vocation, and nothing should be permitted to interfere with it. And he must be on his guard, lest he give up this object too readily. For often, very often, especially in acute diseases, in cases which are apparently hopeless, recovery does occur. The physician therefore should avoid, even in desperate cases, producing the impression upon the mind of the patient, that he really believes the case to be hopeless. Nothing but the most absolute certainty would warrant his doing this. The cor-

dial influence of hope, as I have shown in the chapter on the Influence of Hope in the Treatment of Disease, is often one of the means by which a recovery is effected, and *the absence of this one means may prove fatal.* Who then will dare to take the responsibility of withholding this cordial, often so essential a remedy, with the vain expectation (for experience shows that it is commonly vain,) that in the midst of all the turmoil and agitation of the fearful struggle of life and death for the mastery, the spirit may be led to make its peace with its God? And yet it is often claimed, that the physician should under such circumstances declare to the patient the certainty of his death; and if he decline doing so, he is blamed for what is considered to be a palpable neglect of duty.

Vain expectation, I say it is, which many indulge, of producing repentance and reformation at such an hour. The mind is weakened by the disease, thought and feeling and sensation are all confused, the dim vision of the eye of flesh is the faithful index of the dim vision of the mind, and the poor soul, while it sees everything thus confusedly, is tossed about upon the billows of conflicting passions and hopes and fears. It is true that there is a power, which can pluck it from the billows, and plant its feet upon the rock of ages. It is an almighty power that cannot be limited; but we have reason to think, that seldom is this signal interposition put forth in this extremity. A true philosophy declares, that this is no time for the clearness of view, and definiteness of action, which religion demands of man, and experience affirms the truth of the declaration. Clergymen and physicians, who have had ample opportunities of observation upon this point, have but little confidence in any apparent change of character at the hour of death. It is their universal testimony, that those who have

made professions of repentance and reformation, when they supposed themselves to be near dying, and yet have recovered, have commonly given no evidence afterward that those professions were well founded.

The above remarks have been made, it will be seen, in regard to acute diseases only, and they apply to but a very limited extent to cases of *chronic* disease. During the lingering days, and weeks, and sometimes months, of such cases, there are many opportunities for exerting an influence upon the sick. And while it is true, that the physician should adhere to the general rule, which I have stated in regard to the effect of hope, it is his duty, and especially is it the duty of the friends, to improve the opportunities which present for the best good of the patient. And here let me say, that it is not the formal and stately conversation, the professional sermonizing, so often made use of, which is really the most effectual; but it is the word dropped from day to day, with a spirit not roused up for the occasion, but breathing forth naturally and easily—it is the instruction suggested by events of daily occurrence, or by remarks which are dropped in common conversation, and accompanied by the affectionate appeal, when it is seen that the proper chord can be struck—this is the kind of influence, which is brought to bear most decidedly upon the moral and religious character of the sick man. It is this that will enter his heart; while the arrows, which are duly heralded by the note of preparation, will fall to the ground, warded off by the shields which he raises against them.

Injudicious attempts are sometimes made to influence the sick, both with regard to their temporal, and their eternal interests. I will cite but a single case in illustration. It is a case which was reported by the late Dr. Hale of

Boston, in his work on Spotted Fever. Although the patient was so sick, that Dr. H. considered it of the utmost importance that he should be kept quiet, and gave the most positive and authoritative injunctions to this effect, yet a friend, to whom the proper adjustment of the sick man's affairs, if his sickness was to end in death, was a matter of considerable interest, persisted in harrassing him on this subject. The result was an alarming increase of the disease. The symptoms were afterward, however, so much mitigated, as to give some ground for hope of a recovery. As his mind was clear and rational when he came out of his stupor, "his attendant with a very benevolent but mistaken zeal, thought it more important to improve this opportunity in taking care of his soul's health, than in administering the remedies which had been prescribed; and, instead of giving the medicines with care and attention, and promoting his rest and quietness, as he ought to have done, and had been strictly enjoined to do, he spent the whole time in talking, and exciting him to talk, of his hopes and prospects beyond the grave." This conversation was continued for about two hours, and then the patient sank back into a stupor, a state of collapse which was caused by the previous excitement, and he never awoke. If the quietness enjoined by the physician had been maintained, this case would probably have resulted in recovery.

There are some cases, in which it is clear even to the careless observer, that it is wrong to excite the mind of the patient on any subject. Take, for example, a case of typhus fever. Even though it may not be a severe case, the mental with the physical sensibilities are so blunted and deranged, that no moral or religious influence can do any good. If it rouse the patient's torpid mind to action, it will

only do harm by the disturbance it creates; and if it produces a mild, quiet effect, which may be gratifying to his friends, it is worthy of no confidence, and when he recovers he may have no recollection of the sayings which he uttered, and which would have been garnered and kept, as a sacred treasure, by friendship and love, if death had transported him to another world.

In such a case as this, when the mind is in so passive and torpid a condition, the path of duty is clear. But there are some cases in which it is difficult to know what our duty is. We must then decide as well as we can in view of all the circumstances. And let me remark here, that there should be no inconsiderate and irresponsible action at such times; but what is done should be the result of a candid conference between the physician and the friends of the patient. The clergyman should not be disposed to act independently, and from his own judgment alone; but, for obvious reasons, he should consult with the physician in regard to each individual case.

Some are very anxious in regard to the spiritual welfare of the sick, when they are thought to be nigh unto death; but if death does not ensue, the moment that convalescence begins their anxiety ceases. Religion with them is altogether a thing for great occasions, and the season of death is of course one of them. Anything which is exciting arouses them to action, and awakens their sympathies for their fellow men. But they make little account of the every day influence which is exerted in their common intercourse—an influence vast in amount in a long life, though it may not be palpable in its results at any one moment. While they would press upon the sick man the solemn and faithful appeal, when they saw him to be near the borders of the grave, and concentrate upon that dread

hour all their energies, they would perhaps, if he should recover, not even visit him at all during his convalescence, and the first time they met him they would welcome him back to that worldliness, in which they in common with him so freely indulge.

And yet it is in convalescence generally that you can exert the greatest influence upon the sick man. For look at the circumstances of the case. He has just been released from suffering. The recollection of those hours, when thought and feeling and sensation were so confused, and all was dark and dim, is still vivid in his mind. The world, from which he has been thoroughly secluded for a little time, now opens fresh upon him again—a new sun shines upon him, and he looks out upon a new earth. The pure air, as he remembers the stifled breath and the languor of disease, has an invigorating buoyancy that it never had before; and he now for the first time knows the luxury of such common blessings as breathing, and again and again he expands the chest to the full, to see how beautifully it does its work. He feels the genial glow of returning health pervading every part of his system, diffusing elasticity, energy, I had almost said joy, everywhere. And then as he goes forth, he meets on all sides the kind greetings of friends, some of whom had been by his bedside during his sickness. All these circumstances conspire to make both the sensations of his body and the feelings of his heart agreeable, and thus open the avenues to moral and religious influences. And then, too, the cares and selfishness of the world have not yet resumed their control over him. When, I ask, could there be a better time to awaken in that man's heart proper feelings towards his Maker, and toward all around him. As he comes out afresh into life, with something of the simplicity of a child, disencumbered

by his sickness of the entanglements which had gathered around his mind and heart in the midst of temptation and sin, how easily can he be led to appreciate what is right and good, and enduring, in this evil and transitory world. His mind is not now weakened, nor his sensibilities blunted or deranged by disease. There is no dim vision now, but he sees things as they are, and his sensibilities are lively and ready to respond to the touch of the hand of friendship, like the chords of a newly-attuned instrument that gives forth its clear and harmonious sounds to delight the ear.

I cannot dismiss the subject of the moral influence of physicians without adverting to one topic, which I deem to be of no small importance.

Every man, aside from the influence which he exerts as a citizen in common with others, exerts also an influence through the business or profession in which he is engaged, by the manner in which he performs its duties and maintains its relations. There is a strong disposition in the community to separate these influences, and to assign to them for their governance two different sets of moral principles. This disposition is very marked in regard to politics. But it exists also in relation to other professions and employments. It has even extended to medicine. Men often do as *physicians* what they would be ashamed to do as *men*. The strict morality of common intercourse is relaxed in professional intercourse. But the man and the physician cannot thus be separated. Obedience to principle, no matter in what it appears, always has its good influence; and the same universality attaches to the bad influence of disregard of principle. There is a moral character belonging to every act. Strictly professional acts and relations have a moral influence. If the physician has a proper regard for the character and standing of his profession, pro-

motes an honorable intercourse among its members, upholds its organizations, resists the encroachments of quackery, and helps to secure a good standard of medical education, he in all these ways exerts an indirect but important influence upon the general good order and well-being of society. But if, on the other hand, he has no true regard for the honor of his profession, sacrifices its interests to his own aggrandizement, labors for success by intrigue and manœuvre, and thus gives a license to quackery, though he may call himself a strictly moral man, and be so esteemed by the public, he exerts by his professional course a decidedly bad influence upon the general tone of morality in the community, and therefore does not merit the approbation of a good citizen.

CHAPTER XIX.

TRIALS AND PLEASURES OF A MEDICAL LIFE.

The physician has his peculiar trials, and also his peculiar enjoyments. The principal of these it is my intention to notice very briefly and cursorily in this closing chapter.

Let us first look at the *trials* of a medical life.

The physician is subjected to great fatigue both of body and mind. He has no time that he can call his own. That regularity of life, which is so essential to comfort as well as to health, he must in a great measure abandon, especially if he practice in a scattered population. While most men have their stated seasons of repose, he is liable to be called for at any hour, and often night after night sleep is a stranger to his eyelids. His duties to his patients are often of such immediate importance, that no stress of weather, however violent, is considered as an excuse for delay. When prevailing disease spreads terror through the community he must be at his post, and expose himself to the pestilence under the influence of powerful predisposing causes—anxiety and fatigue. And then there are at all times anxieties and perplexities, producing a wear and tear of mind, which is worse than all the bodily fatigue that he is called to endure. It is not surprising then, that it has been satis-

factorily ascertained by statistics, that physicians constitute one of the short-lived classes of the community.

And for all this generally the medical man gets comparatively a small compensation. Though some physicians acquire wealth, especially in our large cities, still as a body of men they are in moderate circumstances, and the practice of medicine may be truly said to be far from being a money-making business. A large proportion of those whom they serve are too poor to give them any compensation, and very many of those who are able to pay them do not without reluctance and delay. This, it is true, is in part to be attributed to the remissness of physicians in presenting their claims. But why this remissness? If I mistake not, it arises from the unwillingness to pay, which they so often meet with, even in quarters where they have no reason to expect it. The consequent dislike to the business of collecting begets a habit of neglecting it. A large proportion of their patients feel a less urgent obligation to pay them, than they do to pay others. I know not any other reason for this than the *intangibility* of the favor which is bestowed by the physician. If a man buy a coat of the tailor, or a barrel of flour of the grocer, he has a *tangible* memento of his obligation; for the coat is seen, and is felt upon his back, and the flour is eaten, and makes its *sensible* impression on the palate and stomach. But health restored is a thing of air, and the visits of the physician, as they have left no memorial behind them that addresses the *senses*, are easily forgotten. For the same reason a man will not so easily forget his obligations to his physician if he has amputated a limb for him, as he would if he had attended him through a course of fever. His crutch or his wooden leg, is ever present to remind him of them. And for the same reason also, as the tailor and grocer can get their pay

more readily before the coat is worn out, and the flour is eaten up, than they could a long time afterward, so the physician is more cheerfully paid immediately after returning health, than he can be at any future period.

While the physician is ordinarily but poorly compensated for all his toil and anxiety, he is obliged often to see the quack and hobby-rider amassing wealth by their gross impostures. Often does the scientific and laborious practitioner, who is adding from his daily observations rich treasures to the recorded experience of the profession, suffer from the *res angusta domi*, while he sees some proprietor of a patent medicine, the recipe for which he purchased of some recreant physician, or filched from some medical book, acquiring a fortune almost in a day, or some ignorant pretender, adopting some system just then high in the popular favor, as Homœopathy for example, making in a brief year or two all the display of a wealthy citizen. And the offensiveness of such cases is enhanced by the fact, that many of the well-informed and the learned unite with the multitude in casting contempt upon the labors of science, by upholding the pretensions and filling the coffers of sheer imposture.

The facility, with which the public are imposed upon in regard to medicine, is a prolific source of vexation and trial to the scientific and high-minded physician. He is subjected to a constant encounter with false opinions, unfounded prejudices, unreasonable caprices, and gross misapprehensions. He hears ignorance in high places, as well as in low, putting forth its oracular opinions, as it sits in judgment upon his practice, and that of his brethren. The most reckless criticisms are made upon his mode of treatment in individual cases, and the most inconsiderate and wanton aspersions are cast upon his professional character.

If the practice of imposition were confined to those who are without the pale of the profession, it would be a trial which could be borne with comparative ease. But when the physician sees his own brethren stooping to an occasional use of the arts of the charlatan, and obtaining success thereby, even among the better portion of the community, while they do it so covertly that they do not lose caste with the profession, it is a sore trial to his spirit. He cannot but regard such men as the chief enemies of the honor of his profession, though they may talk loudly of their attachment to it, and as real opposers of the advancement of medical science, though they may make a great show of zeal in its pursuit. And yet so adroitly do they manœuvre, that they generally escape exposure. This sly quackery, which is practised by so many medical men, provoking an indignation, to which it will do no good to give utterance, is one of the prominent trials of the truly honorable physician.

It is a severe trial to the feelings of the humane physician to see valuable lives sacrificed to a blind trust in ignorance and unskilfulness. He is occasionally obliged to witness such a sacrifice, and ordinarily under such circumstances that any interference on his part would do no good, however strangely he may be urged to it by the dictates of humanity. If he utter the warning voice, however clear the case may be, it will be ascribed to interested and unworthy motives. He may feel deeply for the poor sufferer who is to be sacrificed, and for the family who are to be thus bereaved by the ruthless hand of unskilful ignorance; but hard as it is to hold his peace, he in most cases feels that he must do it, because if he do otherwise, he will not only spend his breath in vain, but will add to the evil by his ineffectual opposition.

The many sad scenes in which the physician is obliged to mingle must often make him sorrowful, if he has not suffered his feelings and sympathies to be destroyed by a total dereliction of principle. As he watches with earnestness the struggle which occurs in severe cases between life and death for the mastery, and does what he can to give it a favorable issue, how deep is his anxiety, how painful the sense of his responsibility, what balancings of hope and fear does he experience; and then when the dread moment comes, when after all this pressure and conflict of feeling, the physician becomes persuaded that the issue is certain to be fatal, how is his spirit borne down with the burden of his grief! And then, too, there are cases, in which, though he has from the first had strong hopes of a favorable termination, all at once a train of symptoms arises, threatening immediate destruction. And to add to the painfulness of the case, perhaps the friends of the patient have not perceived the change, so secret has it been. As he goes to make his usual daily visit, cheered with the expectation of finding his patient better, he is overwhelmed with surprise when he sees, as he enters the sick chamber, that death is rapidly and surely doing its work. Besides seeing his own hope extinguished in a moment, he feels an unutterable pang in the necessity, thus suddenly pressing upon him, of destroying the hopes of the fond friends by whom the patient is surrounded.

In the Chapter on the Moral Influence of Physicians, I have spoken of the intimate relation, in which the physician stands to so many families, and of the strength and tenderness which his attachment to them acquires, by the exercise of an active sympathy during a long series of years. The accumulation of sympathy which thus occurs deepens the sorrow which he feels, as he sees in the case of some mem-

ber of a family, upon which he has long attended, that his efforts are unavailing, and that the resources of his art are all exhausted. And as the friends gather round the bed of death, though by a habit of self-control he has an air of composure which is generally attributed to want of feeling he makes one of that circle, entering into their griefs as the sympathizing friend, as well as the faithful physician. And the very confidence which is reposed in him, gratifying as it is, sometimes adds poignancy to his grief. 'You saved *my* life, and why cant you save my husband ?'—said a woman to me in the extremity of her agony, when I told her that it was not possible for her husband to recover.

Another circumstance which adds to the sorrow of the physician in such seasons, especially when long acquaintance has created a strong personal attachment, is the total want of preparation with which many come to the hour of death. Even if the physician be not a religious man, this consideration must press upon him at times with a painful interest, if he has the common feelings of humanity. Especially will this be the case, when he is obliged to witness some of those horrible scenes, which sometimes occur in the last hours of a career of vice.

The sorrowful scenes, which the physician witnesses occasionally in the ordinary routine of his business, come with a painful frequency, when some fatal epidemic is prevalent in the community. Then night and day his mind is filled with anxiety. The sorrows of bereavement continually call for his sympathy. And in the midst of all this, he avoids solicitude for his own safety, only by forgetting himself in the arduous duties which he performs for others' welfare. While he sees others fleeing from the pestilence, he must be ever at his post. Though he may see some of his brethren falling around him, humanity demands of him

that he should go on in his services to the sick, and to the honor of our profession I believe it may be said, that this demand is very seldom disregarded. During the prevalence of the yellow fever in Philadelphia in 1793, of the thirty-five physicians who remained in the city, eight (nearly one fourth of the whole number, died, and but three escaped an attack of the disease.

One of the greatest trials which the physician has to bear is the ingratitude of those upon whom he has conferred favors. There are services rendered by the medical man who is faithful to his high trust, for which no money is an adequate compensation. His reward for such services comes from two sources—the satisfaction always attending the performance of duty, and the gratitude of those to whom they are rendered. The wealthy by no means discharge in full their obligations to the physician, who attends upon them in all their sickness with unwearied fidelity, when they pay him in full for his attendance. They owe to him the affection of a true friendship, and the gratitude due to something more than a professional performance of duty in their behalf. The relation of a physician to his employers is not shut up within the narrow limits of mere pecuniary considerations. There is a sacredness in it, which should forbid its being subjected to the changes incident to the common relations of trade and commerce among men. But many do not so regard it. They dismiss a physician for as slight a reason as governs them in ceasing to buy of one man, and giving their patronage to another, or, as Dr. Rush says, "with as little feeling as they dismiss a servant, or dispose of a family horse." A mere whim, or caprice, is often suffered to dissolve this relation, though it may have existed or years. And generally the more frivolous and unfounded the reason for the change, the greater will be the zeal with

which they laud their new favorite, and the harsher will be the aspersions, which they will cast upon the professional character of the old and tried friend, whom they have deserted.

Strange as it may seem, it is the experience of every physician, that some of the strongest evidences of ingratitude come from some of those upon whom he has conferred the highest favors, perhaps those which are entirely gratuitous. One would suppose that they who have had the services of a physician without making him any compensation, would from motives of delicacy refrain from speaking ill of him, if they chose to discharge him and employ another. But blame is sometimes dealt out without stint under such circumstances. It would be supposed also, that the obligation, which a gratuitous attendance imposes, would always be gratefully recognized by the patient. But it is often otherwise. Many patients are disposed to forget such obligations; and everything which may call them up to their attention, and especially to the attention of others, is carefully avoided. Dr. Rush speaks of some who had been attended gratuitously in humble life, who deserted their family physician after their elevation to rank and consequence in society, "lest they should be reminded, by an intercourse with him, of their former obscure and dependent situation."

There is not as much gratitude in the world as is commonly supposed. This is particularly true of the services of a physician. These are received by many, as a matter of course, as being something to which they have a sort of natural right. They seem to class them among the common blessings, such as air and water, for which, because they are so common, they have no idea of being grateful. Day after day, and week after week, they may be the

objects of the physician's most assiduous attentions, and his exertions may be blessed, and obviously so, to the preservation of life; but when health comes they will grudge him even the pittance of a half day's labor from those hands to which his skill has restored strength, though they spend days and weeks every year in the most shiftless idleness. Quite a large proportion of the poor treat the physician in this way.

An old physician of my acquaintance was used to say that there are three kinds of poor—the Lord's poor, the devil's poor, and poor devils; that is, the virtuous poor, the vicious poor, and those who are poor from sheer shiftlessness. The *virtuous* poor are always grateful; and there are none among the wealthy upon whom the physician attends more cheerfully, than he does upon some of this class. Of his kind offices to them, and of their feelings in return to him, it can be said in the beautiful language of Scripture, 'When the ear heard me, then it blessed me; and when the eye saw me it gave witness to me: because I delivered the poor that cried and the fatherless, and him that had none to help him. The blessing of him that was ready to perish came upon me; and I caused the widow's heart to sing for joy.' As the physician goes his daily rounds, there is no one thing that so cheers him on in his course of toil and benevolence, as the gratitude of the virtuous poor. And if there will be tears shed at his death beyond the little circle of friends, in the very bosom of which he lives, *they* will shed them profusely and long.

Not so, however, with the other two classes of the poor. The shiftless poor, who were denominated by my aged friend 'poor devils,' who go just as wind and tide will take them, and carry to ultraism the principle of letting to-morrow take care of itself, are actually too lazy to have so

lively a feeling as gratitude. And of the *vicious* poor it may be said, that it requires something more than the selfish principles of this world to attend upon them with cheerful faithfulness. There is often, it is true, much show of gratitude; but it is seldom, though it is sometimes, more than mere show. The romance of doing good will not stand this trial. Nothing short of the untiring benevolence of Christianity will do it. Sometimes, indeed, so much effect is produced upon the views and feelings of the poor by the bounty and kind attentions of the benevolent, that an actual reform is effected, and an abode of vice and misery is converted into one of virtue and happiness. Then, of course, the most lively gratitude is manifested. But it is rarely so. We must apparently *throw away* much time and effort, and it is only once in a great while that our hearts can be cheered by any obvious good results, or any real gratitude. Benevolence does now and then seem to have a magic wand, with which, almost in a twinkling, she turns scenes of gloom and desolation into those of beauty, and makes even the wilderness to blossom as the rose. But she is generally employed in real drudgery with little immediate prospect of success. She digs and digs patiently, and with the animation of hope. She finds but few gems; but these, be it remembered, will survive all the changes of time, and will shine in her coronet forever.

It is true that gratitude is sometimes awakened in the heart of the vicious poor, even when our influence does not produce any improvement in their moral condition. But it has only a momentary existence, and, amid the giddy whirl of grovelling enjoyments, our kindness is forgotten, and the recollection of it is excited only by their returning necessities. And then too, the apathy, into which the heart is apt to be schooled by the miserable

monotony of a vicious poverty, effaces every trace of feeling which may occasionally be impressed upon it. This state of heart may be read in the very countenance—the wooden features, which our kindness may have roused to some degree of animation, soon resume their wonted inexpressive fixedness after the exciting cause is gone. And often, very often, the favors we dispense are received with a vacant stare, the recipients being strangers themselves to any other motive than selfishness, and therefore taking no cognizance of the existence of anything like benevolence in the bosoms of others.

There is one class of the community that have been accustomed to be attended gratuitously by physicians, who have so often wounded the feelings of our profession by the course which they have pursued, that I cannot pass them by without a particular notice. I refer to clergymen. So scantily are they generally compensated for their services, and so intimate is the relation which they hold to our profession, that medical men have commonly very cheerfully made their attendance upon them gratuitous. This being the case, they have a right to expect of them, if not gratitude, at least a proper regard for their rights as professional men. But I am constrained to say that many of this class have failed to answer this reasonable expectation. The physician often finds, that the clergyman, upon whose family he has attended without charge, perhaps for a long time, gives his certificate in recommendation of some nostrum, or employs some quack, or becomes the noisy advocate of some new system just now rising into popular favor, or perhaps, in his zeal for his sect, becomes the active patron of some practitioner of his own denomination, urging him even upon the families of the physician whose services he has so long gratuitously enjoyed. Such acts as these on

the part of men who have received such favors, and who by their station and character can exert so much influence, are among the most vexatious trials of a medical life.

The feelings of the physician are tried not only by the treatment of individuals, but by that general disposition against the medical profession, which is to some extent manifest in every community. If you look candidly upon the public benefits* which our profession has conferred upon society, to say nothing of its toils and self-denials, you will be impressed with the fact, that it does not receive that respect and that regard for its interests to which it is fairly entitled. The radicalism which aims to overthrow it is in some measure countenanced by many, of whom we have a right to expect better things. Many of the intelligent and well informed pay an occasional tribute to empiricism, and manifest a distrust towards medicine, which they do not manifest towards any other science. Though they would be sure to employ none but lawyers of known skill, and would sit under the teachings of none but well educated clergymen; if sickness comes, they resort to some secret nostrum, or employ some pretender, of whom perhaps they know little else, than that he calls himself a German, and has an abundance of hair about his visage; and if they have a dislocated or fractured bone, they abjure scientific surgery as unworthy of confidence, and send for a natural bone-setter. The reasons which secure their respect for other sciences fail altogether when they come to medicine. They even indulge in a playful contempt in speaking of its

* To estimate the public benefits which the medical profession has conferred upon the world, you need only to look at the zealous, and I may say *leading*, agency, which it has always exercised in instituting and maintaining Hospitals, Asylums for the Insane, Institutions for the Instruction of the Deaf and Dumb, and the Blind, and Associations for the advancement of the sciences.

claims. They banish it from the pale of reason; and submit themselves to vagaries and fallacies and pretensions, the folly of which they would see at once in relation to any other subject. They refuse to give to either the science, or the profession, that steady esteem which is clearly due to it from all stable and intelligent men. In seasons of trial even, instead of extending to physicians their confidence and support, they reward their toils with an ungenerous and inconsiderate fault-finding. This ingratitude of the public is sometimes manifested in the most offensive manner. After the yellow fever in Philadelphia in 1798 had subsided, at a meeting of the citizens, in which the committee who superintended the city during the prevalence of the disease was honored with a vote of thanks, a similar vote was proposed in relation to the physicians, *but was not even seconded*, though, as I have stated in another place, nearly one fourth of their number perished, in their efforts to save that ungrateful people from the ravages of the pestilence.

Let us turn now to the consideration of the *pleasures* of a medical life. On this branch of the subject I shall be brief, not because the physician has few joys, for he has many, but because they require no extended notice to make the reader appreciate them.

If we look at medicine simply as a science it is full of interest, and the study of it is therefore a rich source of gratification. Its subjects have a wide range and an endless variety. No science has such extensive and intimate connections with other sciences.* It gathers to itself the resources of chemistry, botany, mechanics, comparative anatomy and physiology, and mental philosophy; and fills

* Hence comes the fact, that many of the most eminent men in the various departments of science have been furnished from the ranks of the medical profession.

its storehouse of facts with a variety and abundance sufficient to satisfy the wildest and most eager curiosity. The phenomena of life even in the healthy condition are exceedingly diversified; but, as modified by disease, and by the remedies which are administered, their variations are never ending. And then the mysterious connection of mind and body not only varies them still more, but opens to us a mass of facts of a mingled mental and physical character, which awaken an intense interest. The physician looks upon the human body, not merely as a machine filled with contrivances so cunning and elaborate, as to render all the mechanism of man in the comparison rude and bungling; but as a machine instinct with life, having a living nerve attached to every fibre of it, giving to it its power to act; and, more than all, as a machine holding in strange connection with its every fibre a reasoning soul, the image of the Deity, destined, not to perish like the mind of the brute with the perishing body, but to live through the ages of eternity.

The details of a science which treats of phenomena so interesting in their character, and so wide in their range, are never dry and uninteresting, as the details of other sciences sometimes are. There are no tedious technicalities, no dull abstractions. There is no tiresome monotony. There is therefore an absorbing enthusiasm in the pursuit of medical science, which is not so common in other studies. It is an enthusiasm which makes its votary disregard the loathsomeness of putrefaction, and even forget danger, in his search after truth.

An additional interest is given to his investigations by the consideration, that if he discover a fact, or help to establish one, he adds to the resources which our art can apply to the relief of human misery. To experience this pleasure,

so gratifying to the humane and benevolent mind, he needs not to make any grand discovery. The joy which Jenner realized in the contemplation of the benefits of his discovery must have been almost overpowering; but the benefit which results to our race from the humblest contribution to medical knowledge is as real though not as great, and is a fitting subject for joy to him who makes it, for it will assuage many a pang and save many a life.

In the practice of medicine, though there is, as you have seen in my first chapter, much uncertainty, there is a high satisfaction in the very exercise of unravelling its perplexities, and in separating, as it can be done by untiring and careful observation, the certain from the uncertain, the true from the false. And though much is left to nature by the judicious physician, still there is much pleasure in watching her movements, in removing obstacles which oppose her salutary processes, and in assisting her efforts so far as it may be necessary to do so. This intelligent watch and guidance which medical skill exercises over nature in removing disease is far from being unsatisfactory to the rational practitioner. And then, too, though the general use of *heroic* remedies is injurious, there are times when the careful observer sees opportunities for employing them to great advantage in arresting morbid processes. And so accustomed is he to make the requisite discriminations, that his efforts in positive medication are well directed, and are almost sure to accomplish their object. He has a satisfaction in such achievements, of which the undiscriminating overdoser knows nothing.

The judicious physician experiences much gratification in the *mental* management of the sick. I refer not merely to the control which by his tact and skill he exercises over the mind which is manifestly deranged, but also to those

multiplied and various mental influences which he exerts so silently, but so effectually, even in ordinary cases of sickness. Besides the pleasurable interest with which he watches the operation of these influences, there is also a high source of gratification in the consciousness of possessing such a power over the minds of his fellow men. Especially is this the case, when the power which he puts forth is exerted upon minds of great refinement, and of a high order of talent.

The *results* of the practice of the skilful and judicious physician are as a whole very gratifying to him. His vocation is to relieve pain and distress, and to deliver from disease; and when he fails to do this, sad as it is, it is an occasional, we may say a *rare* exception to the general result. In the great majority of even severe cases, in which the pressure of responsibility is such a burden upon his spirit, and the alternations between hope and fear are often so painfully exciting, his heart is at length gladdened by a favorable issue. The physician is therefore by habit a hopeful, a cheerful, a happy man. As such he enters the sick room, the scene of the triumphs of his art. As such he mingles in the family and social circles of his fellow men, inspiring by his very air and manner cheerfulness in the sad, and hope in the unfortunate and dispirited. The physician then is apt to be not only the sympathising, but the *comforting* friend.

But not only is the success with which he meets in combating disease a source of happiness to the physician, but so also especially is the gratification of his humanity and benevolence, in relieving the distresses of his fellow men, and in prolonging their lives. In some cases in which the life which he has struggled to save is a valuable one, the

joy which fills his heart at the final successful issue of that struggle no words can express.

It will be observed by the reader that in speaking of the gratification which is derived from the successful treatment of disease, I have had no reference at all to the *reputation* for success which is awarded to medical men by the community. This may be based upon real merit, or it may not be. When it is not, but is acquired by making false issues before the public, as is too often the case, it is indeed a source of gratification—a gratification, however, which is not only of a low order, but the hold which the possessor has upon it is exceedingly uncertain. He feels it to be so, and is in constant fear that some competitor, practising the same arts, will overmatch him in skill, and filch from him his ill-gotten joys. But on the other hand, the success of the honorable practitioner in acquiring a medical reputation, based as it is upon intelligent grounds, is a source of high gratification, and he has, too, the satisfaction of feeling that it is a permanent possession. True, there are some who employ and praise him from whim and caprice, who from whim and caprice may desert and blame him; but his patients are for the most part those who repose in him an intelligent and firm confidence. And this affords him a gratification, of which the caprices of the world and the intrigues of his brethren cannot despoil him.

The attachments which the physician forms in so many families in the different walks of life are rich sources of happiness. These attachments are generally reciprocal. In some cases the interest which he feels in the patient, beginning in infancy, and extending through many scenes of sickness up to adult age, has accumulated all this time more and more strength and tenderness. Sometimes in the long life of a physician, this interest in some families of patients

reaches through three or even four generations. And these intimate attachments bring the physician into very near relation with some characters of rare excellence in the different walks of life. The admiration and the love with which he looks upon such noble spirits, of whom the world is not worthy, and the communion which he is permitted to have with them up to the moment of their departure to a world of bliss, are among the highest sources of the happiness of the physician.

The opportunity which the physician has for observing human character is a prolific source of enjoyment. It opens to him one of the most interesting of all studies, and in his daily intercourse with patients of every variety and degree, he finds no lack of material in illustration of any supposable variation of character.

The nature of the physician's employment, it must be obvious to the reader, is calculated to fit him eminently to enjoy and to adorn social life. He is commonly the pleasing companion as well as the warm and faithful friend. The freedom of his intercourse with all sorts and conditions of men imparts an ease and a zest to his conversation, and he has an abundance of facts and anecdotes to illustrate every remark which may be made. It is for this reason, as Dr. Rush says, that "physicians in all countries have been the most welcome guests at the tables of the great, and are frequently waited for with the most impatience at clubs and in convivial companies."

One of the chief sources of the happiness of the physician is the gratitude of his patients. I have already said enough upon this subject, and I would now simply remark, that, though there is much ingratitude which is a sore trial to him, many of his patients gladden him in the midst of his toils and anxieties with tokens of gratitude of the most

delightful character. And among these tokens, the testimonials which he receives from the poor, humble as they are, are often more highly prized than the costly and splendid presents of the wealthy.

Finally, a great source of happiness is afforded to the truly benevolent physician in the opportunity which he has for exerting a good moral influence. When by his instrumentality the abode of vice and misery has been converted into one of virtue and peace, and especially when his counsel and influence have been the means of saving a soul from death, he has a higher joy than all success however brilliant, and honor however profusely awarded, and gratitude however ardent, can impart to his soul.

In conclusion I remark, that, though the trials and disappointments and mortifications of a medical life are numerous, very vexatious, and sometimes almost insupportable, yet the pleasures which come from the sources to which I have alluded vastly predominate over them all, and make the practice of medicine, when pursued with right motives, as a noble profession, and not as a trade, to be in the main eminently satisfactory and delightful.

APPENDIX.

LETTERS*

FROM A SENIOR TO A JUNIOR PHYSICIAN.

ON THE IMPORTANCE OF PROMOTING THE RELIGIOUS WELFARE OF HIS PATIENTS.

LETTER I.

ON THE DIFFICULTIES OF THE UNDERTAKING.

MY DEAR FRIEND,

You were pleased to desire me to send you the result of my observation and experience on the deeply interesting subject of endeavoring to promote the spiritual welfare of the sick committed to your care. I cheerfully accede to your wish, although I can scarcely hope to offer any suggestions which have not already occurred to your own reflective mind.

If the soul of man be immortal, and if the state of the soul, at the moment of its separation from the body, determine its happiness or misery through endless ages, with what deep solicitude should every Christian approach the bed of a fellow creature, who, to all appearance, is about to undergo the momentous change, yet unprepared "to meet his God!" If we saw a human being proceeding blindfold towards a tremendous precipice, even already at its brink, how eagerly should we

*These letters were written by Dr. Burder, an English physician, in answer to the inquiry made of him by Dr. Hope, "Can your opportunities and experience furnish me with some hints how to offer 'a word in season' to those who are seriously ill?" They were published first in a periodical of extensive circulation, and afterwards in the Appendix to the Memoir of Dr. Hope.

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try to snatch him from the threatening destruction! And can we, my friend, remain insensible to the spiritual danger of the dying man, who seems about to "take a leap in the dark" into the gulf of inconceivable—irretrievable ruin? How often, alas! are we called to witness the appalling scene, unalleviated by the presence of a Christian minister, or any pious relative, who might direct the helpless sufferer to Him, "who is able to save to the uttermost!"

I am aware, indeed, that those alone who, like ourselves, have felt the weight of medical responsibility, can fully estimate the difficulties to be encountered in attempting to advance the *highest* interest of a patient, while conscientiously discharging our primary duty, in the exertion of our utmost efforts for the restoration or relief of his bodily frame. Even to those, who, by habits of early rising, punctuality, systematic arrangement, and calm despatch, have been able to allot a sufficient portion of time to each appointment of the day,—how often does it happen that some unexpected emergency, some sudden complication of disease, the alarming sickness of another member of the family, some anxious inquiries of the patient or his friends, or other unforeseen circumstances, have more than consumed the allotted time, and in justice to the indispensable claims of other cases, rendered an immediate departure necessary: thus affording no opportunity of even alluding to "things unseen and eternal."

Another difficulty is often found to arise, from the almost exclusive occupation of the physician's mind by the diseased condition of the sufferer, the relief of which is, of course, our primary and incumbent duty. In order to give to each symptom, as well as to the whole assemblage of symptoms, a close and discriminating attention, and to adapt, with equal care, a corresponding treatment in medicine, diet and general management; to do this within a limited space of time, requires a concentration of all the energies of the mind in a degree scarcely compatible with attention to any other subject. Under such circumstances, it is difficult in the extreme, to dispossess the mind of the engrossing anxiety just described, so as to leave it sufficiently free for availing itself of any suitable moment for introducing, with needful delicacy and tenderness, the all-important subject of eternity. How frequently, too, have we found that by the time we have completed our medical inquiries and directions, the patient has become too much exhausted to render any further exertion safe or practicable!

In addition to the obstacles already specified, you have probably, my dear friend, sometimes encountered opposition from the mistaken kindness of the patient's relatives, who have deemed it next to madness to endanger the comfortable serenity of one "whose goodness of heart," they persuade themselves, "must secure him a happy hereafter." Generally, however, the confidence reposed in the kindness and discretion of the medical attendant, will soon allay such a feeling of alarm, and afford the assurance that nothing will be attempted of a doubtful or hazardous character.

But the most formidable hindrance, I apprehend, exists *within ourselves*. I refer to the prevailing impression among us, that the religious welfare of a patient is foreign to our province; that to aim, in any direct manner, at promoting it, is superfluous, if not also obtrusive; and that the attempt might be regarded, moreover, as an unbecoming interference with the sacred office. The *sedative* influence of this opinion is often rendered still more paralysing by a consciousness of not possessing the facility and tact supposed to be essential to the success of the effort. Hence, opportunities for speaking "a word in season," are scarcely looked for or desired. The mind, at length, rests satisfied with an abandonment of the matter, as hopeless and impracticable, not duly considering *whose cause it is*, nor recollecting the divine promise that "strength shall be made perfect in weakness."

Such, my valued friend, are among the difficulties in our way; great, indeed, we must allow them to be, yet, happily, they are not insurmountable.

Assuming, for the moment, that the duties and qualifications of the medical practitioner do not impose upon him a higher degree of responsibility, relative to the spiritual good of his patient, than attaches to every other well-informed Christian, in reference to his neighbor, I may safely assert that the profession of medicine does in no wise release its member from a duty common to all Christians—that of embracing every opportunity to testify their gratitude to the adorable Saviour, and their anxious desire to extend the blessings of redeeming mercy to those who "are ready to perish." But the assumption itself is incorrect; for it would not be difficult to prove that the favorable opportunities and peculiar facilities possessed by the physician do proportionably *augment* his responsibility, and the consequent amount of obligation. Nor can this fearful responsibility be evaded, by a general impression of our unfitness for the

task, unless we can conscientiously affirm that we have tried to the utmost—that we have done all that we were able to do.

As regards the alleged interference with the ministerial office, I may truly say that, to the extent of my own observation, the apprehension is entirely groundless. So far removed, indeed, are the judicious, well-timed suggestions of the physician, in relation to the immortal interests of his patient, from anything like interference with the sacred function, that, in the instances in which they are most needed, they may be strictly regarded as *precursory* and introductory to the more direct instructions of the minister; as opening a way for him which would otherwise be closed, as removing ill-founded objections to his assistance, and enkindling a desire for his spiritual counsel. In many other instances, the Christian physician proves a powerful *auxiliary* to the faithful minister of Christ, especially by facilitating his visits, pointing out at what time, under what circumstances, and to what extent, the patient may be likely to attend, with safety and advantage, to "the things which make for his eternal peace." I have good reason, indeed, to believe that the enlightened ambassadors of the Saviour, so far from entertaining a feeling of jealousy, do really hail with cordial satisfaction such auxiliaries, in their trying visits to the bed of sickness and death; persuaded that none can feel a deeper interest than a Christian physician, in the well-being of *the whole man*, bodily and spiritually, in reference to eternity as well as to time. And how can jealousy be felt? Is not the glory of his Divine Master in the salvation of immortal souls, the supreme object of every pious minister's pursuit? If so, even the feeblest attempt to subserve the same cause must gain his hearty concurrence. Happily, the un-scriptural, un-Protestant notion of religious instruction devolving exclusively on the clergy has become obsolete. As well might the Bible itself be read and studied by them alone. The very constitution, indeed, of our most efficient religious institutions speaks a contrary language; especially that of the visiting and district societies, in which the principle of lay co-operation is clearly recognized, and the obligation thence arising is fully avowed. In truth, it requires but little sagacity to predict that, in the noble enterprise now in progress for evangelizing the world, the zealous exertions of Christians generally will be more and more called forth. Such an active and pervading influence seems evidently implied in the prophecy of Jeremiah, as cited by the apostle of the Gentiles, alluding to the period when "they shall not teach

every man his neighbor, and *every man* his brother, saying, 'know the Lord;' for all shall know me, from the least unto the greatest." We have yet, indeed, to realize the happy day when, even comparatively, *every* man shall seek the spiritual good of his neighbor; but we are surely authorized to expect it, as well as bound to hasten it, by earnest prayer and vigorous endeavor. We are even encouraged to anticipate the more distant and glorious period, when the omnipotent Saviour shall have given complete efficiency to the universal labor of love, and when "He shall be all in all."

Not to weary your patience further, I will here close my letter; hoping, in a second communication, to present a few *encouragements* which may serve to cheer you under the difficulties we have been considering. I shall endeavor also to add some practical suggestions, in reference to the most eligible *methods* of introducing the subject of religion to persons dangerously ill. Of the power of executing the latter part of my task, especially, I cannot but entertain much self-distrust.

I remain, my valued friend,
Your's, with sincere regard,
T. H. BURDER.

Tilford House, Jan. 1st, 1836.

LETTER II.

ON THE ENCOURAGEMENT TO BE EXPECTED IN THE ATTEMPT.

MY DEAR FRIEND,

In my former communication I placed before you the considerations which had most impressed my own mind, in reference to the *importance* of aiming to promote the spiritual welfare of the sick. You will have observed that, far from concealing, I fully admitted the difficulties attendant on the effort, while I endeavored to show that they were by no means insurmountable. I am now desirous of presenting to your attention a few of the *encouragements* which the physician is warranted to expect in pursuing this "work of faith and labor of love." Such, I apprehend, will be found to arise from THE PECULIAR FACILITIES WHICH THE PROFESSION AFFORDS; FROM THE DIVINE BENEDICTION WHICH MAY BE HUMBLY, YET CONFI-

DENTLY, ANTICIPATED; AND FROM THE SUCCESS WHICH HAS ALREADY CROWNED SIMILAR EFFORTS.

1.—No one who has witnessed the respect and confidence with which the suggestions of a conscientious physician are received, can doubt of his possessing an almost unlimited influence in the sick chamber. He has become, in truth, the attached friend of the family, to whom they freely unbosom their sorrows and their fears, particularly such as appear to be inducing or aggravating any existing or threatened disease. Hence the medical adviser, having gained an important acquaintance with the mental constitution of his patient, its individual peculiarities and tendencies, and with the varying complexion of thought and feeling which bodily disturbance has been wont to excite, is already prepared to introduce with delicacy and address, such incidental remarks in reference to his highest interests as the peculiar condition of the sufferer may naturally call forth; and in the way best adapted to interest and impress, while least likely to endanger that general quietude, on the maintainence of which his recovery may materially depend. Being aware, moreover, of the different aspect in which other topics of practical importance have at various times appeared to his patient, or to persons under similar circumstances, while viewed through the distorting medium of disease, he will not be surprised if the momentous subject of religion should also share (so far as natural effects may be permitted) in the obliquity or indistinctness of the mental vision. The same previous knowledge will often enable him to calculate, with tolerable precision, the degree of influence, whether exciting or depressing, which an allusion to the realities of eternity may be likely to exert on the patient's bodily frame; and thus to attemper and apportion his suggestions to the particular exigencies of the case.

2.—Among the *facilities* to which we have adverted, I cannot but regard as one of the most valuable, that arising from the numerous opportunities possessed by the physician of connecting in the most easy and natural manner, some serious remark with his medical counsel. So intimately, indeed, is the mind united to the body, and so generally does the one sympathize with the sufferings of the other, as constantly to demand a considerable portion of the physician's vigilance and discrimination. He cannot but observe the baneful influence of agitating and corroding emotions, in thwarting every healing expedient; and being constrained, therefore, to inculcate the

importance of tranquillity, acquiescence, and cheering hope, he is led by the most gentle transition to trace those virtues to the true source of "every good and perfect gift," and to the surpassing value and efficacy of the Saviour's peace, and of the "hope that maketh not ashamed."

You have often, my friend, observed in the moment of danger, with what eager, anxious attention the patient listens to every word that falls from his physician. He knows that his friend and counsellor is deeply concerned for his well-being, and can have no interest apart from his. He is aware of the value of professional time, and has experienced the unwearied assiduities which have been exerted for the preservation of his life. Should, therefore, the physician appear to overstep the precise boundary of his province while touching upon the concerns of immortality, the patient, I am persuaded, will usually regard the solicitude thereby evinced, as an additional and gratifying proof of genuine friendship. The sick man has also the tranquillizing conviction, that nothing is likely to proceed from his judicious adviser which would either aggravate the disease, or interfere with the salutary operation of remedies. Hence, no alarm, no perturbation is induced; while two or three well-adapted hints are gaining a quiet admission into the mind, and affording useful materials for private meditation and self-inquiry. Now, my dear friend, if such be the advantageous position of a humane and Christian physician in the chamber of sickness, and I am sure your own observation will verify the statement, how deep must be the regret that such 'vantage ground has ever been lost, yea, lost for ever! That where the sick man's anxious eye betokened confidence, expectation, desire, we should have allowed so fair an opportunity to pass away, without affectionately and urgently directing him to "Behold the Lamb of God!" I will not again expatiate on the serious responsibility which these facilities involve, but I respectfully entreat my professional brethren to be on their guard, lest timidity, apathy, or worldly policy should deprive them of the exalted privilege of being instrumental in saving a soul from death, and thus adding another jewel to the Redeemer's crown. It may still be said, that the afflicted patient will not be disposed to listen to the *religious* advice of his physician, considering it as altogether foreign to his department. I believe, on the contrary, that such advice, when tendered with kindness and discretion, will generally be regarded the more highly because it is *not* professional, because it is *not* a matter of course, but springing spontaneously

from the lively interest which the physician feels in the entire welfare of his charge. This view of the subject seems to me quite compatible with the sincerest respect for the labors of a Christian minister in the time of sickness. His invaluable instructions have the weight and sanction of official character; while, from the aptitude afforded by kindred studies and pastoral duties, they may be expected to possess an appropriateness not otherwise attainable. They are held, moreover, in high estimation, because they are regular and ministerial; whereas the religious hints of the physician, as I have before remarked, acquire much of their interest and influence from the very opposite consideration,—from the fact of their being occasional, unexpected, and spontaneous.

3.—The powerful incentive arising from *an humble expectation of the Divine blessing*, appears to me fully authorized. If I have adequately shown the importance of the endeavor, and have satisfactorily proved that the peculiar facilities afforded to the physician, involve a proportionate amount of obligation (in those cases, at least, which have not and perhaps cannot have, the advantage of ministerial instruction,) it will follow, as a necessary consequence, that in performing a Christian duty of such moment, we are warranted to implore and to expect the special aid of Omnipotence. The object at which we aim is nothing less than the glory of the Divine Saviour, in the salvation of an immortal soul, and how cheering are the assurances of infallible truth,—"I will make my strength perfect in weakness." "Him that honoreth me, I will honor!" "He that converteth a sinner from the error of his ways, shall save a soul from death, and hide a multitude of sins."

And let not my valued friend be discouraged at the difficulty of the undertaking. The cause is God's. He hath all hearts in his hand, all events at his disposal, and is often pleased to effectuate the greatest designs by the most feeble instrumentality, in order to show that "the excellency of the power is not in man, but in God" alone. Far be it from me to depreciate the value of prudence and discretion in an attempt of such importance; but I am bound to confess that the danger has not generally arisen from the neglect of cautionary maxims, but from permitting them to obtain an undue and paralysing influence. Where eternity is at stake, let us not be exclusively guided by the cold, calculating axioms of worldly policy. Selfishness may whisper, "Am I my brother's keeper?" and as the priest and the Levite in the parable of the good Samaritan

were probably willing to persuade themselves that there spiritual functions imposed upon them no obligation to afford *bodily* succor to the "wounded, half-dead man,"—so, my friend, may we be in danger of resting satisfied in withholding our spiritual aid from our dying patients, on the hollow and untenable ground that our responsibility extends only to the body and to time. Oh! let us be rather like the good Samaritan, and without hesitation or delay, endeavor to pour into the wounded spirit the wine and oil of heavenly consolation,—thus adopting our blessed Lord's special application of the parable—"Go, and do thou likewise!" Surely we may confidently hope that in rendering this obedience, we shall experience super-human aid; and though our path may be dark and rugged, and the obstacles many and powerful, yet may we cheerfully and implicitly rely on that Almighty God, who is "a Sun and a Shield" to those who put their trust in Him.

May I not add as a collateral encouragement, that while thus aiming to promote the honor of the Divine Emanuel, we may humbly hope that he may be "*with us*," in granting efficiency to our strictly professional exertions? When it is considered that the skilful or unskilful decision of a moment may save or lose a valuable life, and that even a well-selected remedy may prove salutary or detrimental as the Divine benediction is vouchsafed or withheld, how inconceivably important must we regard the guidance and the smile of Him, "in whom we live and move, and have our being," and in whom are all our springs of intelligence and of usefulness! By "seeking the kingdom of God and his righteousness" in the way we have described, we may be rendered the happy instruments of giving occasion to our grateful patients, to unite with the sweet singer of Israel, in ascribing from their inmost souls, blessing and praise to Jehovah, for having not only "forgiven all their iniquities," but also "healed all their diseases."

One especial ground of encouragement yet remains—that which rests upon *the actual success with which the God of all grace has been pleased to crown similar efforts.* He, who hath all power in heaven and on earth, *has* given efficiency to such exertions: and while, with "a single eye to His glory," they are "begun, continued, and ended in Him," we cannot doubt that the ardent desire and persevering endeavor to rescue immortal souls from endless perdition will be accompanied by these gracious influences which can at once direct, and animate

and bless. Thus, "our labors shall not be in vain in the Lord."

It has already been remarked, that, in aiming to subserve the spiritual as well as temporal interests of our patients, we shall usually retain, if not increase, their confidence and regard. Sometimes, however, it may prove otherwise; especially in reference to the relatives and friends of the sick. This was strikingly evinced in the experience of an aged and eminent, but now deceased physician, then practising in Westminster, as communicated by him to the writer of this letter. The veteran practitioner was called to the bedside of a young lady, whom he found passing to her long home, yet destitute of hope, unacquainted with the way to Christ, and peace, and heaven, and surrounded by relatives equally ignorant with herself. He placed in the hands of her attentive and (as it afterwards appeared) pious nurse, a volume of the "Village Sermons," requesting that a portion might be occasionally read to the youthful patient. On getting out of his carriage on his next visit, he was met by the mother, and thus abruptly accosted—"I will not trouble you to go up stairs;" assigning no motive for so unceremonious a dismission, except such as might be read in a countenance of high displeasure. My sagacious friend at once penetrated her mind, and retired. After some time had elapsed, the nurse informed him that the young lady lived but a few days after his visit, yet long enough to afford a delightful evidence of having obtained pardon and peace through a crucified Redeemer. The very volume, it appeared, that excluded the physician from the family, was rendered instrumental in introducing the dying patient into spiritual life. And never can I forget the pious elevation and the grateful emphasis, with which my venerable friend closed his affecting narrative: "cheerfully," said he, "would I lose the best family in my professional connection, if by my feeble instrumentality I could be the means of saving another soul from death."

Thus, my dear friend, I have endeavored to set before you the principal encouragements for the endeavor. I have still to accomplish the most difficult part of my task—that of submitting to you a few suggestions on the *mode* of communicating serious counsel to the sick. This I must attempt in a future letter.

Believe me, with esteem,
Your very faithful friend,
T. H. B.

Tilford, Jan. 28th, 1836.

LETTER III.

ON THE MOST ELIGIBLE METHODS TO BE PURSUED.

My Dear Friend,

In accordance with your request, I now proceed to offer a few suggestions derived from personal observation, on the methods which appear to me best calculated to secure the important object of our present correspondence. You will remember, that, even at a distance, I doubted my ability for properly executing this part of the undertaking; and I candidly own that my consciousness of inadequacy has not diminished on a nearer view of the attending difficulties. Should, however, the plain remarks you are about to receive, possess little value in themselves, they may, I am willing to hope, prove indirectly useful, by engaging your own attention more closely and continuously to the subject.

You are too well aware, how deeply the feeling of medical responsibility has pressed upon myself, to suppose for a single moment, that I would inconsiderately superadd to a similar burthen upon you any unnecessary weight of obligation as connected with the spiritual condition of your patients. I cannot, indeed, relinquish the opinion I have deliberately formed, and which has been before avowed, namely, that the peculiar facilities afforded to the medical practitioner entail upon him a proportionate responsibility; yet am I very solicitous not to endanger the peace of a conscientious mind, by incautious or exaggerated statements, or by urging the adoption of any doubtful or impracticable measures. On a subject of such manifest delicacy as well as difficulty, it is highly important that our views should be well defined, and our opinions of the duties and obligations involved, most carefully guarded and qualified, otherwise we may not only inflict a needless wound on a pious mind, but may actually defeat the very object we desire to promote, by the disheartening influence of plans of operation unfeasible in themselves, or inconsistent with our proper, indispensible, and untransferable duties. Allow me, therefore, to request your attention to two preliminary observations.

First,—I would remark that the desire of promoting the patient's religious welfare should never be allowed to interfere with the thorough performance of medical duties. These cannot be superseded by any other claims. Under this decided

impression I would suggest, as a general rule, the propriety of giving your sole, undivided attention to the relief of the patient's malady, as well as to every circumstance and arrangement which his bodily condition may demand, before you permit yourself to advert to his spiritual exigences. You will kindly observe that I recommend this as a *general* rule, which may possibly admit of some exceptions. For example, I can conceive that some highly-gifted individuals may have the power of interspersing, in an unobjectionable manner, a few religious hints among their medical enquiries and directions, and without materially distracting their attention, or endangering the temporal well-being of their charge. Yet, even with such facilities, there would sometimes, I apprehend, be a risk of dispersing those energies of mind which the physician ought assuredly, in the first place, to concentrate on his patient, in the earnest, persevering endeavor to remove his disease and preserve his life. Consequently the talent referred to should be used with much judgment and caution. But I foresee that your habits of discrimination will lead you to doubt whether the example I have supposed really constitutes an exception to the rule. It certainly is not foreign to the *spirit* of the rule, which I think may be thus expressed:—that no attempt should be made by the physician to promote the religious welfare of the sick, which is incompatible with the full, efficient, satisfactory discharge of his medical duties and obligations.

The second preliminary relates to the distinction which it is important to mark between that *general* responsibility which, in my humble opinion, requires the physician to be always on the alert to profit by every incidental opportunity of employing his influence for the spiritual good of his patient; and that *special* obligation which may sometimes devolve upon him, (in consequence of the total absence of religious instruction,) to attempt, in a more particular manner, to rescue the sinking soul from perdition, and direct it to Him, who is able "to save to the uttermost." This distinction leads me to propose, as a second general rule, that, inasmuch as religious instruction forms a part of ministerial and relative duty, it would be highly inexpedient for the physician to add to his already onerous engagements, that of undertaking the spiritual supervision of his patient, except under circumstances of imperious necessity. Whenever, therefore the aid of a Christian minister or a pious relation can be obtained, the medical practitioner may, I conceive, regard himself as free from any special obligation of that nature.

These limitations obviously imply that, in by far the greater number of instances, the religious influence of the physician should be exercised in an occasional, rather than in a stated and formal manner. If alive to the spiritual welfare of his patient, such opportunities of usefulness will not be wanting. Perhaps, nothing would so essentially contribute to the furtherance of the object, as the offering up of earnest supplications to the "Father of lights," for His especial guidance and help, before the physician enters upon his daily engagements, that he may be enabled both to discern and improve every suitable opportunity, which even in the ordinary exercise of his profession may be presented, of doing good to the souls of his patients.

In seeking, and humbly expecting, thus to employ your influence in this sacred cause, I feel the most encouraging persuasion that "your labors will not be in vain in the Lord."

It may be convenient to arrange the few thoughts which have occurred to me in reference to the *mode* of offering "a word in season" in a few leading particulars; premising that, next to the Divine blessing, the secret of usefulness will be found, I humbly anticipate, in the careful, discriminating adaptation of advice to the particular circumstances of the case. Age, sex, degree of intellect and cultivation, particular habits of body and of mind, the actual stage of the disease, the hopes and fears of the patient in relation to futurity, the religious knowledge already possessed, the presence or absence of spiritual instruction, and many other circumstances, will, I am persuaded, appear to you deserving of special consideration. I can, therefore, only hope to suggest a few general principles which may be indefinitely modified and applied, according to the varied and ever-varying circumstances of each individual case.

My first suggestion has already been anticipated. I refer to the importance of recommending and even urging the assistance of a Christian minister or a pious friend, in cases of serious and dangerous illness. I am aware that the very mention of the subject is sometimes productive of considerable alarm, and certainly requires much prudence and caution. With skilful management, however, the exciting of any injurious degree of apprehension and foreboding may generally, I would hope, be avoided. One may say, for example, in the course of conversation, to a patient apparently unconcerned or uninstructed in reference to Eternity, "You must find the change from active life to the confinement of this room rather irksome. Yet some

time for calm reflection is really needful for us all. When withdrawn from busy life, we can look upon the world at a distance, as well as come into closer contact with ourselves. Indeed, serious consideration can never be unsuitable. Human life itself is confessedly uncertain, and of course, under disease, still more so. Should you not find a little conversation with a pious minister interesting under your present circumstances?" In this familiar way, (pardon its homeliness,) one may sometimes introduce the subject without abruptness. From having had much personal illness, I have been able to press the matter further, by assuring the patient that such assistance has repeatedly proved very consolatory to my own mind; thus, presenting a living instance of the incorrectness of the popular opinion that, to propose the visit of a minister to the sick, is tantamount to a death-warraut.

Should the recommendation prove entirely fruitless; should the unhappy patient, notwithstanding our utmost professional efforts, be so rapidly hastening into eternity as to afford no opportunity of procuring more efficient spiritual aid, the case will then present one of those *special* occasions before alluded to, which call for our more immediate and devoted attention, in reference to the immortal spirit. And who, that values his own soul, would not, under such circumstances, endeavor with all possible earnestness and affection, to exhibit to the dying man the compassionate and Almighty Redeemer, as able to save even at the eleventh hour?

I may next suggest that the allusions of the physician to the subject of religion should generally be *incidental* and conversational; arising spontaneously from a solicitous regard to the particular situation of the sufferer. When such occasional advice appears naturally to flow from the heart, partaking of the disposition and character of the speaker, and having an evident bearing on the special circumstances of the patient, there will be little risk of its being regarded as superfluous or obtrusive. On the contrary, I believe, it will usually be welcomed as a gratifying proof of disinterested friendship. In this incidental way, one may sometimes refer to the experience of great and good men under similar sufferings, and to the signal support vouchsafed to them, and to the happy results of their afflictions. On some occasions, it may be useful to adduce the remarkable fact, that some of the brightest ornaments of the Church and of the world have ascribed much of their success in life to the

discipline they were once called to endure in the chamber of sickness and seclusion.

May I add, that the occasional hints of the physician should also be *brief?* A single sentence well-timed, well-directed, appropriate, and expressive, will possess the great advantage of not wearying the attention of the sufferer, while it may, notwithstanding, supply ample material for reflection during the succeeding hours of solitude and silence. "*A word* spoken in season, how good it is!"

Nor is it less important, I conceive, that such advice be expressed with *clearness and simplicity*, in a few plain words and short sentences, bearing a direct and obvious meaning, and free from ambiguity and circumlocution.

Allow me also to suggest that the advice should be *considerate and kind;* the evident effect of genuine sympathy and tender concern. No word should be dropped that might seem to imply an unmindfulness of the suffering, helpless, unresisting state of the patient, or oblige him to attempt a lengthened and laborious reply. One kind sentence delivered in a tone of kindness, and accompanied with a look of kindness, may, and often will, *juvante Deo*, penetrate the heart.

In certain states of disease, in which high excitement, or extreme debility prevails, it may sometimes be expedient to address a passing hint to a relative or friend who may be present rather than to the patient himself, thus leaving to the option of the latter, whether or not to reply to the observation.

Yet should the hints be *faithful*. Any approach to temporizing would be cruel in itself, and might prove fatally delusive in its consequences. It would be, in effect, to administer a moral opiate, from which the helpless victim might awake—only in Eternity.

Permit me also to remark that, whenever the circumstances of the case will permit, our allusions to spiritual subjects should be *attractive and encouraging*. Doubtless, the torpid insensibility of the sinner may require to be roused by an alarming representation of the direful consequences of transgression and unbelief; nor can we reasonably expect that mercy will be sought until it be felt to be needed. In general, however, I apprehend, that a cheering exhibition of the Almighty Saviour, as "full of grace and truth," as "ready to forgive," and "plenteous in mercy to all who call upon Him," will be found most effectual in softening the heart, and in exciting those earnest desires for pardon and acceptance, which are emphatically

described, in our Lord's own test of sincerity, in the case of Saul,—"Behold, he prayeth." Let us, my friend, never forget that he who *winneth* souls is wise." The promises of the gospel are, indeed, peculiarly adapted to meet the exigencies of the afflicted and distressed. The blessed Redeemer was pleased to described himself as having come purposely "to seek and to save that which was lost." Were we even restricted to the use of a single sentence, as a scriptural *vade-mecum* in the sick chamber, we should still have a volume of encouragement and consolation in our Lord's assurance,—"Him that cometh to me, I will in no wise cast out."

Upon the whole, my dear friend, the best preparation for speaking "a word in season" will be found in carefully studying the example, and seeking to imbibe the spirit, of the incarnate Saviour, that all-perfect Physician of the soul and of the body. What a lovely union of simplicity and sincerity, of faithfulness and tenderness, pervaded *His* addresses to the sick and afflicted! How much is comprised in that short sentence, "The gentleness of Christ!" He did "not break the bruised reed nor quench the smoking flax;" but came to bind up the broken-hearted," and heal their every wound. May we be enabled by grace from on high, though necessarily in a very humble measure, to tread in His steps!

In truth, *the Christian-like deportment* of the physician comprises within itself a sphere of very important usefulness, affording ample scope for the development of those graces and affections which characterise the sincere follower of the meek and forbearing, the benevolent and sympathizing Saviour. And even should my friend find it sometimes difficult or impracticable to offer a word of spiritual counsel as he could wish, he may yet, in his habitual demeanor, present to the patient and the surrounding relatives, a living "epistle" which they can read and understand, and which, by directing them to the source of every good gift, may issue in the attainment of true and saving wisdom.

In concluding this letter, I must not altogether omit to refer to *the season of convalescence*, as peculiarly favorable to religious impression. If ever the mind and the heart be open to the feelings of gratitude, love and praise, it is under the circumstances of returning ease and health, and in the hope of being again permitted to enter on the duties and enjoyments of life. It is then that the physician, in my humble opinion, is more especially bound to avail himself of the grateful attachment of

his patient by referring any skill or care he may have evinced to the God of all grace, and thus endeavor to give a right direction to those kind and gladsome emotions, which are bursting from a full heart. It is then, I conceive, that the rescue from the grave should be held out as a signal warning, and as a powerful incentive. Then, also, by adroitly followiug out the convalescent's own suggestions, a powerful appeal may be made to his best feelings, and an affectionate plea presented for an immediate and entire surrender of himself, "body, soul, and spirit," unto an Almighty and most merciful Father, who "hath redeemed his life from destruction, and crowned him with loving kindness and tender mercies."

At such a period, too, we may often recommend, with great advantage, some interesting volume adapted to our patient's state. Biography and easy letters, as being both interesting and not requiring much effort of attention, will often be found peculiarly acceptable. Indeed, the judicious recommendation of books and tracts may be regarded as an important mode of employing our influence during every period of illness, but particularly during the season of convalescence.

Such, my dear friend, are the few imperfect hints which have occurred to me. I might, indeed, have availed myself of the assistance of some valuable writers on the subject of affliction, particularly of the highly interesting work of my pious and intellectual friend, Mr. Sheppard, "*On Christian Encouragement and Consolation;*" and the excellent "*Thoughts in Affliction,*" by another able friend, the Rev. A. S. Thelwall. I might also have enriched these humble letters by a reference to the "*Essays to do Good,*" of the eminent Dr. Cotton Mather, which contain some admirable suggestions on the same subject. From these several works I have formerly derived much instruction and pleasure, but was unwilling to have recourse to them on the present occasion, as well as from the wish of not unnecessarily extending these letters, as in compliance with your particular desire that I would send you the result of m own observation and experience.

With every kind wish,

Believe me, my dear Friend,

Ever faithfully your's,

T. H. B.

Tilford, March 1st, 1836.

CODE OF MEDICAL ETHICS

ADOPTED BY THE

NATIONAL MEDICAL CONVENTION IN PHILADELPHIA, JUNE, 1847.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and

domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change that may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or pro-

tracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfreqnently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices to comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate

to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin stimulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any inten-

tion of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success, when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to

the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratu-

itous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent on each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and

ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and *no opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the

regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants, —they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select

the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature

of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It oftens happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 4. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last

case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physcian can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical.*

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exists numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

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CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiène, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical police of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor

can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism, —to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

THE END.

ERRATA.

Page 38 and 39, for "abcess" read abscess.
" 40, line 19, for "inoperative" read in operation.
" 48, " 4, for "idiosyncrasies" read idiosyncrasy.
" 115. " 10, insert between "of" and "the," certain substances, for example.
" 253, " 20, for "organic relations" read organizations.
" 256, " 6, for "officially" read sufficiently.
" 262, " 15, for 'voluntary" read voluntarily.
" 340, " 27, for "succeed" read succeeded.
" 367, " 20, insert "is" between "it" and "an."
" 403, " 13, for "approbation" read appellation.

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